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THE UNIVERSITY OF ALBERTA

AN EVALUATION OF A SEXUALITY EDUCATION PROGRAM FOR YOUNG TEENS AND THEIR PARENTS

BY

EUGENE KRUPA

A THESIS SUBMITTED TO THE
FACULTY OF GRADUATE STUDIES AND RESEARCH
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF MASTER OF EDUCATION

DEPARTMENT OF EDUCATIONAL ADMINISTRATION

EDMONTON, ALBERTA
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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled "An Evaluation of a Sexuality Education Program for Young Teens and Their Parents" submitted by Eugene Krupa in partial fulfillment of the requirements for the degree of Master of Education.

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Dated October 2, 1990

This work is dedicated to

Mary, Joel and JoyAnne.

Abstract

The purpose of this study was to evaluate a sexuality education program, entitled "It's COOL To Know Your Way in a Relationship." The program was implemented with 42 teen and 40 parent participants from 3 communities in rural Alberta. The program was considered to be worthy of thorough evaluation because it incorporated several features which research literature suggests should increase its effectiveness, such as use of peer teaching, involvement of parents, focus on relationships, and a community development approach. It was also politically popular and very positive claims were made as to its effectiveness.

As far as possible, the investigation was designed to be responsive to the needs of the program's stakeholders. The issues, concerns, areas of interest and problems raised by them became foci along with issues arising from research literature. Input from stakeholders was sought at several stages in the process including the development of the research questions and design, refining research instruments, setting standards, identifying implications and generating recommendations.

Data collection involved observations of the various program components, several questionnaires, interviews of participants and non-participants in the community, and analysis of program documents. Standards were developed through consultation with the stakeholders and major findings were reported under the categories of Areas of Strength, Areas of Concern or Equivocal Findings.

The program was found to have facilitated positive parent/teen communication and to have provided much information of use to both parent and teen participants. It also encouraged respect for members of the opposite sex and enhanced the ability of teens to recognize and resist pressures from peers and partners. The use of sound instructional design, the creation of an atmosphere highly conducive to participant involvement and the provision of a meaningful follow-up opportunity were also seen ..s areas of strength.

An area of concern identified was the low level of understanding participants had of the consequences of sexual involvement (other than pregnancy) and the issues surrounding the effectiveness of contraceptives. Ambiguity in key words, such as love, commitment, intimacy, abstinence and postponing, was also seen as an area of concern. The illusion of complete information and the lack of clarity of terminology appeared to hinder participants in confronting and resolving some critical issues, such as what constitutes "responsible action" and "readiness" for sexual intercourse.

The recommendations were aimed at assisting those responsible for the program to consolidate the areas of strength in the program while attending to those areas identified as concerns. These recommendations, presented along with "questions for consideration", included items of interest to those responsible for program design and delivery, as well as those providing program administration and support.

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My gratitude is extended to each of the COOL program stakeholders -- the professionals, the parents, and the teens. They were able to withstand the constant communication they received and still provide very thoughtful feedback along the way.

All of those who participated in the study by completing questionnaires, and especially those who were interviewed, deserve a special note of thanks. It is because of the time they took, the attention they gave to detail, and their willingness to be open and honest, that I was able to gather some very valuable information about the program and its effects on individuals. Thank you.

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Chapter I

INTRODUCTION

During the last generation, several major developments occurred which have changed the way individuals in our society learn about, think about and express their sexuality. Some of the more notable developments include:

- the development of relatively effective and convenient contraceptive technologies,
- the so called "sexual revolution" of the sixties and early seventies,
- an increase in the frequency and degree of sexual explicitness in television, film and music,
- the arrival of AIDS,
- an increasing awareness of the problems of sexual abuse and exploitation of children, and
- a growing public concern for the need for sexuality education to equip young people to handle the challenges that they will be facing in this area. At the same time, there is a continuing public concern that sexuality education be age-appropriate and sensitive to community values.

Meanwhile, there are considerable differences in opinion over what should be done in the area of sexuality education (SE) and exactly how it should be done. Numerous SE approaches have been designed and implemented. Most have claimed success but very few have been formally evaluated. Albertan experience in SE program evaluation is particularly limited.

There are several reasons why evaluation in this area is especially challenging. Many factors other than the SE program influence sexual behavior and attitudes toward sexuality. Examples commonly cited are the media, parents and peers. Secondly, SE programs are generally offered to groups, but it is individuals who must interpret their experiences and who will choose to adopt or reject the practices and principles taught. A third reason is that measuring program effectiveness in terms of outcomes such as pregnancy or disease prevention depends on long term data which are difficult to obtain. Often, these aspects are not explicitly focused upon in the program. Finally, ethical considerations may discourage researchers from collecting meaningful data from individuals, especially minors.

Provincial decision makers, local administrators and teachers find themselves in a difficult position. They are dealing with the concerns of the public as well as with young and impressionable individuals. They must make decisions which have the potential to affect the lives of young individuals, yet they are forced to do this with very little information on various approaches, or even criteria for assessing them. Thus, it has become very important to design and implement curricula which have the greatest potential possible. Following preliminary examination of a number of SE programs, the "It's COOL To Know Your Way in a Relationship" (COOL) program was selected for study by the researcher. It appeared to incorporate many of the features considered essential for the success of such a program.

THE COOL PROGRAM

COOL was developed by Susan Panylyk for the Alberta West Central Health Unit in 1986. Her program borrowed heavily from the philosophy, approach, and activities of the "Postponing Sexual Involvement" (PSI) program developed by Marion Howard (1985). Panylyk has also acted as a primary facilitator for the workshops for teens and their parents. This section provides a summary of the COOL program, including its statements of purpose and goals and a brief description of significant features of the program as it is generally implemented. The components of the program are described in greater detail in Chapter IV.

Statement of Purpose

This series is designed to assist youth, 13 to 16 years of age, gain factual information and identify and resist pressure and influence to become sexually involved before they are ready and/or able to cope with the consequences. The focus is on developing healthy interpersonal relationships. (Teen Manual. p. 6)

Goals

1. To encourage an awareness about healthy relationships and how they develop
2. To promote comfort with individual physical, emotional and social development
3. To provide information and encourage discussion about the impact of early sexual involvement
4. To enhance positive parent/teen communication
5. To explore individual rights within interpersonal relationships
6. To learn assertiveness skills that can encourage confidence in dealing with pressure situations
7. To promote an understanding of the many influences (including parents, peers, and media) which affect decision making. (Teen Manual. p. 6)

Significant Features

The core of the program is a two-day workshop (about twelve hours of instruction) for teens in Grades 8, 9 and 10, held on a weekend as a supplement to the existing school program. As the title indicates, the focus is on teen relationships in general, and not simply on sexual interactions. Information is provided in an atmosphere characterized by a high level of openness and honesty. Both abstinence and contraception are emphasized with substantial attention given to helping teens recognize and resist pressures toward early sexual involvement. Peer instructors, both parents and teens, assist in the program delivery.

In addition to being asked to provide approval for their children's involvement, parents are invited to attend a two-evening workshop series of their own. This gives them an opportunity to learn the same knowledge and skills that are to be taught to their teens, as well as techniques which may enable parents to become more effective reinforcers of the concepts taught in the teen workshops. A follow-up meeting (called "Impact Study") about two months after the workshops, is designed to act as a reinforcement for the concepts, skills and attitudes presented during the workshop.

The implementers of COOL attempt to involve the various interest groups in the community. Meetings are held with religious leaders and community agencies to secure their approval, add credibility and lower public relations hurdles. Individuals from the community are to be involved in planning and implementing the program and it is hoped that the community would, eventually, develop the financial resources and peer instructors to conduct its own on-going sexuality education program.

PURPOSE OF THE STUDY

The purpose of this study was to evaluate the sexuality education program "It's Cool To Know Your Way in a Relationship" (COOL) as it has been implemented with participants from three neighboring communities in rural Alberta. Answers to the following general questions were sought:

1. What are the issues, considerations, problems, and concerns according to the program's stakeholders? "Stakeholders" were defined as the groups directly influenced by the program or having direct influence on the program.
2. How was the program designed and implemented?
3. What effects, if any, did the program have on the participants?
4. How can the program be improved?

GOVERNANCE OF THE EVALUATION

The local Family and Community Support Service (FCSS) was the principal stakeholder. This agency held decision-making power over the future of the program and supplied most of the support for the program, in terms of money and staff time. However, in order to be responsive to the needs of other stakeholders, several other individuals were also involved in the steering of the evaluation. This committee of stakeholders included the program designer, the local Health Unit representative, and school administration personnel as well as a number of teens and parents. Each of these individuals provided input at various points in the process. Further details about the process of working with the stakeholders are presented in Chapter III.

NATURE OF THE STUDY

This study was a responsive evaluation based on a model proposed by Stake (1975). The concerns, issues, and problems seen as important by the program's stakeholders became the major foci of the investigation. Input from stakeholders was sought at several stages in the process including setting the research questions, refining the survey instruments, setting standards, uncovering implications of the data and generating recommendations. The needs of stakeholders also determined the timelines of the study and the format of the reports. The researcher felt that the usefulness and utilization of the results would be greatest if the study responded to the needs of stakeholders and served to stimulate their thinking and action.

In the process of gathering data, both qualitative and quantitative methods were employed. Attempts were made to investigate the effects of the program on the group of teen and parent participants as well to explore the interpretations which individuals made of their experiences in the program. The approach was naturalistic in the sense that the program was studied as it occurred naturally, without constraining, manipulating or controlling it.

Finally, the evaluation was developmental and collaborative in nature to reflect the community development aspect of such a program. Decisions about the future direction of CQOL were required, but the study was seen as being more formative than summative; that is, intended to assist stakeholders in identifying possible paths to improvement rather than in making judgement whether to accept or reject the program.

SIGNIFICANCE OF THE STUDY

The findings of this evaluation will be of use in four major ways:

- to help health professionals, school administrators and educational decision makers and teachers select and adjust their approaches to SE,
- to help the program implementers adjust the COOL program if necessary,
- to help parents develop greater understanding of how they can be involved in their children's sexuality education, and
- to improve techniques for future evaluations of SE programs.

Curriculum Decision Makers, Health Professionals, School Administrators and Teachers

Educators find themselves in a difficult position. They are dealing with the concerns of the public as well as with young and impressionable individuals. They must make decisions which may affect the lives of individuals, yet they are forced to do so with very little information about, or criteria for assessing, various approaches. This study should help educators get a more realistic picture of what can and cannot be expected from such a program.

The nature of the program and the subject necessitates understanding the complex context in which such a program occurs. Therefore, a description of the program as a whole, as well as the context and meaning individuals brought to it, was included. The "illuminative" function, described in detail by Parlett and Hamilton (1976), served to bring out problems, issues and significant features of the program, thereby enhancing the quality of discussion on this and other related programs.

School jurisdiction administrators should benefit by having a standard against which to compare programs and evaluations. Many groups have lobbied to have their programs adopted as part of the local curriculum. Administrators, however, have had little on which to base such a decision and criteria for assessing these programs would be of great assistance to them. Provincial decision makers indicated strong interest in the findings as well.

The knowledge gained from this evaluation should also assist teachers in the design and implementation of their programs in schools. For example, the importance of developing effective partnerships with parents in the education of children has received much attention in recent years. This evaluation documents and evaluates a model which considers parents as an integral and important part of a child's sexuality education. The findings also illuminate other SE issues such as instructional design, peer teaching, effective communication of abstract concepts and coordination for community development approaches.

COOL Program Implementers

The community coordinator and the health unit representative desired feedback to help them focus their efforts appropriately so that subsequent offerings of COOL might have greater impact. This evaluation also contributed much needed knowledge to COOL's designer/facilitator who continues to offer the program throughout the province.

Parents

An important goal of the COOL program is improving parent/teen communication. The study shows parents how others have participated and incorporated the ideas from the program in their real life situations. It also provides ideas for parent involvement in the actual planning, facilitation, and evaluation of an SE programs.

Techniques for Evaluation of SE Programs

Many innovations in SE have been designed and implemented with good intentions, but with little integration of evaluation. Qualitative research in SE evaluation is rare in North America and non-existent in Alberta. This study explored various ways of gathering, interpreting, and presenting data. These techniques can be critiqued and improved by those who conduct similar kinds of evaluations in the future.

Learnings from this project will also have application to those evaluating other multi-dimensional programs such as ones aimed at preventing drug and alcohol abuse, teen crime, and family physical abuse. Each of these can use a similar model of community development or community coordinated approach, to which responsive evaluation is particularly well suited.

LIMITATIONS

This study was limited by the ability of the participants to recall events. Gathering the data six months after the program allowed sufficient time for new behaviors and attitudes to develop and be sustained, or be lost and forgotten. Though most of the participants were able to recall detailed information regarding certain events, reactions, actions, etc., the time gap created difficulties for some. Triangulation between parents and teens was proposed as a means of overcoming this problem but was sometimes hampered by the ethical considerations of protecting the confidentiality of the teen.

The evaluation was also limited in that it was based on a single cycle of the program as it was implemented for participants of three communities. Observational data were further limited because the workshop participants were often divided into two groups and it was only possible to observe one of the groups at a time.

A third limitation arose because the researcher was not permitted to observe the actual teen workshop offered in the community under study. The actual parent workshop was attended but the program implementers felt that the presence of the researcher at the teen workshop would inhibit the teens and, thus, reduce the impact of the program on them. Instead, an equivalent workshop was observed in a nearby town and differences were isolated through discussions held with individuals who attended both.

Finally, there are limits to the generalizability of the findings because the group of participants may not be considered "average" or representative of the entire teen or adult population of the area. This opinion of the researcher was confirmed by unsolicited comments from teachers such as "If you had to chose an ideal class to teach, with one or two exceptions, you would choose those kids."

DELIMITATIONS

Though participants from three communities were surveyed, the individuals acting as stakeholder representatives for the teens, the parents, the school and the Family and Community Support Service agency, came from only one of the communities. Individuals from the other two communities was invited at a later stage, when the implications of the findings were being discussed. The rationale for this decision was based on the following factors:

- much of the leadership, time, and money that went into the program came from one community,
- the selected community appeared to be the most interested in continuing with the COOL program. Assistance from this evaluation was sought for development of a three-year plan for the area, and
- time and financial limitations prohibited more extensive interviewing of stakeholders.

ORGANIZATION OF THE THESIS

This chapter has provided information about the background, purpose, nature, significance, and governance of the study as well as a listing of the major limitations and delimitations. Chapter II provides a review of some of the related research literature. The methodology used in the evaluation, including the preliminary work with stakeholders, is detailed in Chapter III.

A description of the components of the COOL program as it was observed during the study is the focus of Chapter IV. Chapter V contains a summary of the major findings, interpreted and organized into areas of strengths, areas of concern, and equivocal findings. A summary of implications and recommendations suggested by the researcher and the stakeholders is given in Chapter VI. Finally, Chapter VII provides a summary of the study, along with reflections on the methodology employed and suggestions for further research.

Chapter II

A REVIEW OF RELATED LITERATURE

OVERVIEW

Formal sexuality education programs have been in existence, and have drawn the public's attention, for over thirty years. Many curricula were developed, working from varying assumptions about the learner and the environment in which he/she operates. Most programs were aimed at reducing unwanted pregnancy and sexually transmitted disease. Were they successful? How should one decide? What strengths and shortcomings have been detected? What issues are important to sexuality education and its evaluation?

This chapter contains a review of the research literature which relates to various aspects of the "It's COOL To Know Your Way In A Relationship" (COOL) program. The review opens with a summary of outcome evaluations, portraying the record of SE in the U.S. and Canada to date. Critiques of the studies by various authors are also included. This section is followed by a brief look at factors, other than education, which may influence the sexual knowledge, attitudes and behaviors of teens. Politics and ideologies have also played an important role in the evolution of sexuality education and its evaluation.

Researchers have integrated this information and provided recommendations to program designers. COOL and several other programs have grown out of these recommendations, and are described briefly, along with information that has been uncovered about their evaluation. Finally, the review closes with a summary of issues about evaluation of sexuality education programs which arise from the literature.

A. SURVEY RESEARCH ON OUTCOMES

In general, researchers have measured success or effectiveness of SE programs by studying changes in outcomes such as factual knowledge, attitudes or behaviors. The interpretations and conclusions which researchers have drawn from their findings have often been criticized. Several of these criticisms have been included.

Large Sample Surveys

Kirby (1985) reported on an evaluation of fifteen different sexuality education programs, sponsored by nine different organizations, using what he describes as quasi-experimental design. Questionnaire data were collected from over 2000 teens. Pregnancy data were also examined. Aside from increasing knowledge, and parent/child communication where that was a goal, he found sexuality education programs to have had little impact on any area other than knowledge.

> The results demonstrate that these educational programs increased knowledge, but had no measurable impact upon values, most attitudes, self-esteem, satisfaction with social and sexual relationships, or decision making and communication skills. Significantly, most programs also did not measurably increase or decrease sexual behavior or use of birth control. However, the parent/child programs increased parent/child communication both during and after the program. (p. 28)

At nearly the same time, Adame (1985) reviewed twenty one studies of sexuality education and sexual behavior. His conclusion was similar, although he gave programs more credit for changing attitudes.

> Mounting research today indicates that sex education courses can clearly increase students knowledge about sexuality as well as facilitate attitude changes. In the realm of personal behavior, however, research shows that programs appear to have little effect upon the level of participation in various types of sexual behavior such as petting or sexual intercourse. (p. 8)

Dawson (1986) interviewed 1888 women aged 15-19. Questions related to first intercourse, contraceptive use, reproductive experience, socioeconomic factors as well as the menstrual cycle, how pregnancy occurs, sexually transmitted disease and methods of birth control. She also concluded that SE programs appeared to have little impact on behavior.

> Formal sex education appears to have no consistent effect on the subsequent probability that a teenager will begin to have intercourse...(Those who have had instruction) are more likely to have practiced contraception at some time...There is no significant relationship between exposure to sex education and premarital pregnancy. (p. 162)

Kasun (1989) had a different interpretation of Dawson's research. Kasun drew attention to the relationship Dawson's data show between contraceptive education and age of first intercourse. Dawson had found that "Prior contraceptive education increases the odds of starting intercourse at 14 by a factor of 1.5" (p. 4). In Kasun's interpretation, those who had received contraceptive education were about 50% more likely to begin having intercourse by the age of 14. She felt that the implications of this result were not "minimal", as Dawson had decided.

In another American study, Marsiglio and Mott (1986), interviewed over 12 000 participants at a 5-year interval. They were interviewed first in 1979, when they were between 14-22 years, and again in 1984. They concluded that:

> Adolescent women who have previously taken a sex education course are somewhat more likely than those who have not to initiate sexual activity at ages 15 and 16 (though they are no more likely to do so at ages 17 and 18). However the effect of prior sex education is small, and is weaker than that of virtually every other variable found to have a significant relationship with first intercourse at ages 15-16. (p. 151)

Marsiglio and Mott also found that older sexually active girls who had taken a course were somewhat more likely to use an effective contraceptive (73% versus 64%) and suggested that "This may offset the effect that a sex education course may have in raising the likelihood of early first coitus since no significant association can be found between taking a sex education course and subsequently becoming premaritally pregnant" (p. 151).

Kasun (1989) suggested that Marsiglio and Mott (1986) may be understating the significance of their findings. Kasun found their data indicated that 15-year old girls who have had instruction were 40% more likely to begin premarital sexual activity than girls who had not received instruction and that 16-year-olds were 25% more likely to do so.

Stout and Rivara (1989) also critically reviewed research literature in the area. Two of the five studies they analyzed were the Dawson (1986) and Marsiglio and Mott (1986) studies described above. They found that "the available evidence indicates that there is little or no effect from school based sex education on sexual activity, contraception or teenage pregnancy" (p. 375). Again, interpretations of data and conclusions depend upon the standards for significance of various results which are set by the reader, as well as the reader's philosophical orientation to SE.

Contraceptive Education and School Clinics

Suspecting that lack of access to contraceptives may be a factor influencing SE program effectiveness, several school systems combined contraceptive education with school clinics providing contraceptives and counselling. Studies of these combination programs frequently cited in literature include ones conducted in St. Paul, Minnesota, Chicago, Illinois and the Province of Ontario. The evaluations of each of these programs reported a decrease in teen birth rates. The St. Paul study, for example, reported a 40% reduction in pregnancies along with a 23% reduction in births (from 59 per thousand in 1977 to 26 per thousand in 1984) (Pegis, Gentles & de Veber, 1986).

Reviewers, however, have raised questions about the quality of these results. Richard (1987), found that the school had only documented a reduction in births and that a reduction in pregnancies had not been documented in the St. Paul study. Richard also found similar problems with the Chicago program's data in that no records of pregnancies were kept before the clinic opened.

The largest study uncovered on this topic used data from adolescent family planning clinics across the U.S. Using regression analyses, Weed and Olsen (1986) discovered that the availability of contraception was related to a decrease in the adolescent birth rate, but it was also associated with an increase in the adolescent pregnancy rate. Their conclusion was that the reduction in births was due, primarily, to an increase in therapeutic abortions and not to more effective contraception.

Perhaps the most widely quoted Canadian study is that conducted by Orton and Rosenblatt (1986) for Planned Parenthood in Ontario. After surveying secondary students throughout that province and analyzing information on birthrates, they concluded that "Sex education and the presence of contraceptive clinics with open access to those under 16 has led to a reduced rate of teen births in Ontario" (p. 8).

Scorsone (reported in Pegis, Gentles & de Veber, 1986) critiqued this study and raised several concerns:

- Localities where both an educational program and a clinic existed have experienced a rise in illegitimate births while other areas where the factors did not exist witnessed a decline.
- While massive declines in pregnancy rate occurred in the married population, the pregnancy rate for unmarried teens rose over the five year period.
- According to Orton and Rosenblatt's data (Table 3), the rate of abortions among those 15-19 years old also rose by 11% during the same period.

Scorsone concludes that "At no point in the study is there an adequately controlled statistical demonstration of a connection between provision of the recommended forms of education and service and an actual decline of pregnancy rate" (Scorsone, p. 1 quoted in Pegis, Gentles & de Veber, 1986. p. 32)

Critiques of Outcome Evaluation Methodology

Obstfeld and Meyers (1984) have conducted extensive research on methodology used in evaluation of sexuality education and report that "much of the sex education research that does exist is, for the most part, methodologically unsophisticated" (p. 68). They cite the frequent absence of comparison control groups and the lack of long term follow-up as continuing problems. Another source of error, they suggest, is that "respondents may attempt to appear more liberal or conservative than they actually are in order to conform to perceived demand characteristics" (p. 69). Obstfeld and Meyers have further commented that, "while innovative approaches in SE may be interesting, there is no point in proposing them unless they can be evaluated carefully over several years" (p. 69).

Kirby (1989) cautions readers to consider several points in cases where significant changes in attitude and behavior are reported. These include response bias (e.g., by a teacher strongly emphasizing that sex before marriage is wrong), whether or not long-term results are provided, and whether or not control groups are used (p. 594). These problems are addressed in current studies but results will not be available for some time.

Summary of Research on Outcomes

Kirby (1989), following an exhaustive review of evaluation studies of sexuality education programs, concluded that "sexuality education has increased knowledge but has had no measurable impact upon the use of birth control, pregnancy rates or birth rates" (p. 603). His specific findings can be summarized in five points.

- SE instruction increases knowledge in almost all programs studied
- Some programs had short term impact on reported attitudes. Most studies either did not measure long term effects or they measured long term effects and found they had greatly diminished.
- When specific values were not clear goals of the program, there was very little evidence that sex education had any impact on student values.
- SE programs did not have a consistent effect on use of birth control. At best, they had a small effect.
- The majority of programs did not hasten or delay sexual activity.

The one notable exception he makes to the last point is Howard and Blamey's (1988) report on the PSI program in Atlanta, which is discussed later in this chapter.

B. FACTORS INFLUENCING OUTCOMES

> The effect of prior sex education is small, and is weaker than that of virtually every other variable found to have a significant relationship with first intercourse at ages 15-16. (Marsiglio and Mott, 1986. p. 151)

Are the expectations of sexuality education programs too high? Possibly, considering all of the factors that contribute to an individual's knowledge, attitudes and behavior in the area of sexuality. Kirby (1989) feels it is unrealistic to expect a school curriculum to affect behavior to a significant degree and draws a parallel to what is expected from other programs.

> We certainly do not expect English classes will have much impact upon English spoken outside of the classroom, and we never evaluate that impact. We do not expect health education classes to significantly reduce sickness or absenteeism due to illness. Thus we should be fully aware that our expectations or claims about sex education changing behavior outside the classroom are far more demanding than our expectations of other courses' effects. Sex education classes, like other courses, should be considered successful and effective if they simply increase knowledge and information about sexuality. (p. 592)

Whether on not one agrees with the analogy, it must be acknowledged that there are many other factors besides formal education programs which influence student knowledge, attitudes and behavior in the area of sexuality. Several of the more frequently acknowledged factors are described briefly below.

Psychological Development

The psychological development level of teens is cited as a reason for the "failure" of many SE programs. Kirby (1989) found the knowledge/behavior connection to be especially weak. He stated that "Meta analysis of 135 studies on the use of birth control revealed that knowledge was only slightly related to actual behavior" (p. 601). Franz (1989) also contends that the assumption that knowledge leads to sound decisions does not seem to hold with regard to sex and adolescents. Teens, particularly younger teens, may deal with information differently than curriculum writers hope they do.

> Adolescents in our society tend to be concrete rather than abstract thinkers, to have poor decision making abilities, to have a poorly developed sense of cause and effect, to be egocentric, to have poor self-identity development, and to have a sense of mind/body dichotomy. Most courses are inadequate because they ignore the teenagers' cognitive status. (p. 479)

Zelnik and Kantner (1980) found the same problem with the sense of cause and effect. They concluded that teens would not use contraceptives because they believe they cannot or will not become pregnant.

Shornack and Shornack (1982) contend that the problem is more one of motivation than information or decision making ability. They state that "sexual motivation is a far more complex matter than an individual adolescent needing only human relations exercises in the classroom and contraception outside of it." They question the paradigms that rely heavily on teen rationality and decision making, saying that teens are "not uninformed but immature" and that premature intercourse just masks the need to resolve deeper inner conflicts (p. 105). The Shornacks also suggest that young people lack impulse control and that a degree of inhibition would be a healthy attribute. "Technique uninformed by an adequate theory of adolescence fails to fathom psychological problems and merely reduces the problems to dimensions that a technician can fathom" (p. 106).

The psychological development and attitudinal factors appear to be intertwined with some very practical problems of application of the knowledge, skills and attitudes in spontaneously arising situations. Kirby (1989) suggests that teens do not typically have sex very often, do not expect it and do not plan for it. "Far too many of them get swept away, do not use their decision making skills and do not use birth control. This is reflected in the fact that the most common reason teenagers give for not using birth control when having sex is that they did not expect to have sex" (p. 601).

Attitudes

Miller, McCoy, Olson and Wallace (1985) conducted a questionnaire survey of 2200 high school students from three states in the U.S. They found that the strongest predictor of virginity was the individual's belief that premarital intercourse is usually, or always, wrong.

In the same study they also found that adolescents who did not begin dating until age 16 or later generally report abstinence. Permissive attitudes toward premarital sex were more closely correlated to early, steady dating than to current dating status. Finally, their data indicated that those teens, especially males, who look to the future by planning post high-school education are much more likely to report abstinence than those who have no plans.

Sexual Behavior for Non-sexual Purposes

Cohen and Friedman (1975) suggest that adolescents often use sexual behavior for non sexual purposes. Sometimes these behaviors reflect the level of psychological development and may be in response to the parents or the home situation.

- Expression of hostility. Some adolescents feel real hostility toward their parents and engaging in sexual activity may be one of the few ways they have of expressing it.
- Rebellion. Teenagers may engage in sex to show independence and rebel against parents. Because parents feel they must enforce rules concerning sex, engaging in sexual activity becomes an especially effective way to rebel.
- Escape. Becoming pregnant is one way for a girl who find conditions at home to be intolerable to escape from that situation.
- Peer approval. Having sex can be a means of acquiring approval and gaining status in the peer group. It may demonstrate masculinity or femininity and show that one is part of the "in" crowd.

Parents

Several studies (Alexander & Jorgensen, 1983; Bennett, 1984; Bennett & Dickinson, 1980; MacLeod, 1990; Shapiro, 1980) find that both parents and teens would prefer that parents were the primary sex educators. This is supported somewhat by King et al (1988) in the Canada, Youth and AIDS survey. They found the family still to be the preferred source of information on sex and birth control for Grade 9 students but other sources to be preferred in the case of AIDS and sexually transmitted diseases.

The same studies, however, found that parents were not performing this role very often. Lewis (1973) and Thornburg (1981) found that fathers, in particular, tended to be uninvolved. Bennett and Dickinson's (1980) study shows 28% of females but only 2% of males receive some direct information on sexuality at home, and almost always from mother.

These studies focused on the direct information that is exchanged but much indirect communication of attitudes and values also occurs. In a review of literature pertaining to parents, Strause and Farbes (1985) concluded that parents had a major influence on the sexual behavior of their child.

> When parents do intervene directly in their children's sexuality education they can exert a very powerful influence. The most important variable in determining whether or not a female delays first intercourse or uses contraception is for parents, especially the mother, to talk to the daughter. (p. 259)

They go on to say that sexuality educators should recognize that "The home is the most important source of sexual learning and the classroom can never be any more than a supplementary or remedial source" (p. 259).

Factors relating to home life and parents have also been identified as key determinants of early sexual activity by Marsiglio and Mott (1986). "Among the strongest determinants of first coitus at (age 15-16) are infrequent church attendance, parental education of fewer than 12 years and black race" (p. 151).

Miller, McCoy, Olson and Wallace (1985) isolated three other parent related factors which correlate with teen sexual involvement:

- Marital status of parents. Teens living with both parents have the least permissive attitudes. Those living with a parent who has remarried follow.
- Discipline at home. Those reporting a moderate amount of strictness and rules are least likely to be involved in a sexual relationship. Those who describe their parents are "extremely strict" were slightly more likely to be sexually involved. Those whose parents were "not strict at all" were nearly twice as likely as the moderate group to be sexually involved.
- Parental interest. Teens who report parents as very interested in their personal achievements, including school, sports, music, dance, etc., were twice as likely to report abstinence as those who reported that their parents did not feel their achievements were important.

Media

Strause and Farbes (1985) reported that "informal sources of information, such as television and music, may be counteracting the beneficial effects of sex education, providing young people with a view of sex that is not based on responsibility or premeditated choice" (p. 256). However, research into direct effects of exposure to various media remains inconclusive. Greeson and Williams (1986) suggest that sexual content in music videos may have a disinhibiting effect on older teens and a desensitizing effect on younger teens. Leming (1987), after an extensive literature review, contends that there is no evidence of impact on values or on behavior.

C. POLITICS AND IDEOLOGIES

In addition to being aware of the many factors which influence expected outcomes of sexuality education programs, designers and evaluators have had to attend to the political environment in which they operate. Programs had to meet the needs, be perceived to meet the needs and be acceptable.

Part of this discussion relates to money. Teen mothering is associated with chronic low income and low educational attainment. Provincial and state governments estimate the cost of each teen that drops out and does not return to school to be in the vicinity of $200,000 (Gilboy, 1989). This has mobilized the government of Colorado, for example, to embark on a state-wide initiative to reduce teen pregnancy rates. In that situation, individual communities are seen as the functional unit for planning and it is recognized that the approach must be tailored to the specific situations found in those communities (Gilboy, 1989).

Most of the discussion, however, has to do with values. American and Canadian groups have fought sex education, generally because they believed it was subverting their more traditional values, eroding parents' rights and corrupting youth. Many of these groups joined to produce powerful political organizations. Scales (1981) lists a few that have been active since the 1960's, when the first major organized efforts to oppose SE were mounted: the John Birch Society, MOTOREDE, Parents Who Care, Parents Opposed to Sex Education, the Christian Crusade, Let Freedom Ring, and the American Education Lobby. Scales goes on to describe how the movement against sex education has gathered momentum in the eighties and is considerably more powerful than that of the sixties for several reasons:

- increased sophistication in mobilizing grass roots support,
- increased use of "political hard-ball" tactics, and
- the alliance between right-wing political elements and religious groups, specifically, with those associated with the electronic media.

He sees this radical movement as a direct threat to democratic society and the future health and well being of young people. He says that much of the criticism is due to factual inaccuracies, false assumptions, and misleading reporting about the values, methods and effects of contemporary SE. However, he balances these criticisms through the following comment:

> Not all the opponents to sex education are extremists and religious crusaders. Some people raise reasonable questions about how well teachers are trained, the best age at which certain subjects should be covered, how parents should be involved in designing programs and how sensitive questions might be handled....We need to listen to those with reasonable concerns in order to design programs that will adequately represent the variety of views in a community. (p. 361)

It is interesting that both sides accuse each other of the same narrow-mindedness. Shornack and Shornack (1982) point out that "There are no empirical findings that would persuade (pro-contraceptive education authors) to disown sex education because facts are accommodated to the ideology of a social movement, not the other way around" (p. 107).

Politics and ideologies may influence the collection of information. An example can be found in the local controversy surrounding the province wide questionnaire survey on AIDS education. Conducted by Alberta Health in early 1990, it was designed to collect data on student knowledge, attitudes, and self-reported behavior relating to AIDS education. Permission had been sought from school jurisdictions to have Grades 9 and 11 students randomly surveyed. However, several jurisdictions objected, suggesting that the survey conveyed the impression that the government expected teens to be sexually active.

D. RECOMMENDATIONS FROM RESEARCHERS

Some of the factors influencing teen sexual involvement and decision making were not addressed by early programs. During the 1980's, many programs were designed or redesigned to address these factors. This section is a summary of the advice given to those who would design new approaches.

Kirby (1989) felt that programs would have a greater chance of reducing risk-taking behavior if they would adopt the following directions:

- help adolescents personalize that information,
- increase their feelings of vulnerability from having sex or unprotected sex,

- improve their assertiveness skills in saying no to all sex or unprotected sex,
- increase their motivation either to avoid sex or to use birth control, and
- change their perceptions of peer-group norms regarding having sex and using condoms.

While recognizing that no approaches yet implemented have proven widely effective, he recommends the following specific guidelines to increase effectiveness.

1. emphasize certain values such as delaying sexual activity,
2. use role playing and other activities to personalize information and teach skills,
3. offer age appropriate instruction in earlier grades before youth have sex,
4. include peers in a variety of classroom and school activities, and
5. incorporate school programs into a community wide educational program which reinforces the same ideas and values.

Richard (1987) provided the following as the basic list of areas to address:

1. Self image self esteem
2. Friendships, dating and respect
3. Love versus infatuation
4. Human physiology
5. Physical, psychological and lifestyle consequences of early sexual activity
6. Freedoms that accompany chastity and secondary virginity
7. Assertiveness techniques, self-control, expressing feelings.
8. Recognizing and resisting the negative effects of the media and other influences.
9. Love and commitment
10. Family planning methods, effectiveness and possible side effects
11. Human reproduction
12. Fetal development and childbirth
13. Parenting joys, responsibilities, changes in lifestyle. (p. 12-13)

Richard suggested that "By placing the instruction on family planning methods within the context of the family, and by pointing out harms and failure rates of contraception, educators can avoid the pitfalls found in most sex education courses" (p. 13).

Peers and parents have been recognized as key players by many authors. Pegis, Gentles and de Veber (1986), in the conclusions of their review of sex education literature, suggested that schools act to help parents.

> Schools could play a positive role in helping parents overcome their timidity by providing them with the accurate and reliable information that they need in order to broach the subject with their children. Such a policy would have a significant impact on pregnancy, abortion and (STD). (p. 35)

It was recognized that creativity and persistence are required to attain significant levels of parent participation but most authors agree that it would be worth the effort in the long run. School policies and staff practices may also need to change significantly in order to accommodate greater parent involvement.

Kirby (1989) is joined by many others (Gardiner, 1988; Howard, 1985; Olson,1989; Scales, 1979) in calling for the involvement of the adolescent community as peer motivators and instructors. From a study of 600 individuals over 3 years, Rosenstock (1981) proposed an out-of-school program based on peer and parent intervention. He suggests this would allow adolescents to face the reasons which may contribute to unwanted pregnancy and encourage families to grow closer together. Peer teaching is used extensively and has been very effective in smoking, drug and alcohol abuse prevention campaigns (McAlister, 1980). Peer teaching is also thought to have contributed to the effectiveness of programs designed to encourage students to postpone sexual involvement (Gardiner, 1988; Howard & Blamey, 1988).

Many authors (Gilboy, 1989; Kirby, 1989; Stout & Rivara, 1989; Thompson, 1979; Scales, 1982) emphasize the importance of developing community linkages as a means of overcoming political and ideological barriers. The state Colorado has begun a campaign to reduce teen pregnancy rates but local communities are the functional unit for planning, implementation and evaluation. This enables the approach to be tailored to the specific situations found in those communities. According to Gilboy (1989), meetings are held with parents, religious leaders and community agencies to accommodate their needs, secure their approval, add credibility and lower public relations hurdles. Of course, problems arise because communities are fluid and difficult to define today. Those that already have sufficient structure and networking in place are more easily able to accommodate community-based sexuality education.

Summary of Considerations

Scales (1983) has captured the conclusions of researchers and writers in a list of considerations for curriculum designers. The following is a condensed version of his list and is presented as a summary of this section.

- Sexuality is more than sex.
- Sexual learning is a lifelong process. Knowledge and information about sexuality and family planning are essential.
- Formal programs of sexuality education are important, but just one influence upon values and behavior.
- It is important to become aware of and examine one's own values about sexuality.
- In a pluralistic, democratic society, it is likely that there will be a wide range of values and beliefs about sexuality.
- It is wrong to force someone into an unwanted sexual experience, to knowingly spread disease, or to bring an unwanted child into the world.
- Parenthood requires many responsibilities that adolescents are usually unable to assume and capabilities they usually do not have.
- Each decision has an effect or consequence. Sexual decisions should support the dignity, equality, and worth of each individual. They should take into account medical, psychological and social ramifications of sexual activity. Given these ramifications, young teenagers are usually not ready for sexual intercourse.
- Adequate self-esteem is the key to making healthy, ethical, and effective sexual and fertility-related decisions.
- Parents are the primary sexuality educators of their children, though not the sole educators, nor always the best transmitters of information. Social institutions such as schools, churches, and family planning centers should supplement, not supplant, them in this role. Parents, as well as other people in the community, should be involved in planning formal sexuality education programs.
- Participation in sexuality education should be voluntary. It is best if children, of their own free will, discuss issues of sexuality with their parents and other valued adults.
- Education staff should be highly trained, participate in regular continuing education programs, and abide by the highest standards of professional ethics.

E RELATED PROGRAMS

Though designers have varied somewhat in their assumptions and approaches, they appear to have common goals in mind. Several programs similar to COOL will be discussed briefly in this section:

- AANCHOR (1982)
- Sex Respect (1985)
- Me, My World, My Future (1985)
- PSI (1985)
- Montreal Version of PSI (1987)

The Alberta curriculum (1986) also has similarities and is presented briefly as well.

Like COOL, each of these programs emphasize postponing sexual involvement as a preferred choice for young teens. They have activities designed to help teens recognize and resist pressure and all include information on consequences of early sexual involvement. They also recognize the importance of parent involvement and family communication, though they encourage this in somewhat different ways. Each one also deals with values and decision making in some way. Most have a "relationship focus." The following descriptions include information on distinguishing characteristics of each program and any information uncovered about evaluation and effectiveness.

AANCHOR

This acronym stands for An Alternative National Curriculum on Responsibility and was created by Olson, Wallace and Miller through an OAPP (Office of Pregnancy Programs) grant in 1982. The program is "concerned with primary prevention -- in teaching youth to abstain from sexual intercourse until appropriately committed to a relationship" (Olson & Wallace, 1982. p. 1).

AANCHOR currently has five modules: personal responsibility, ethical thinking, the family, communication and human reproduction. The approach focuses on "discussions of meaning, often arising through examining situations in case studies. Morality, including compassion, responsibility, justice and wisdom, is portrayed as fundamental to human experience. There is emphasis on discussing criteria for quality living and developing the attitude that humans are 'agents' in control of their own attitudes and actions" (Olson & Wallace, 1982. p. 1). Emphasis is also given to helping teens develop a clearer vision of their future, including postsecondary education, career and family life.

Data on students involved in AANCHOR have been collected since the program began. Using pre/post questionnaires, but without random assignment to experimental and control groups, three significant differences were obtained between students receiving AANCHOR and students receiving the standard school curricula:

- higher family strengths (loyalty, emotional support, cohesion),
- more discussions with parents about sexual values and beliefs, and
- more abstinent attitudes regarding premarital sexual involvement. (Olson, 1989)

Sex Respect

The original version of Sex Respect was originally produced in 1975 by Coleen Mast. The current program has parallel student and parent components, usually presented with the assistance of peer instructors. In addition to the general features, there is emphasis on dating guidelines, understanding the meaning of mature love, and encouragement toward "secondary virginity" for those who have been sexually active.

Weed and Olsen (reported in Kirby, 1989) surveyed participants and reported significant improvements in knowledge and attitudes in the following areas:

- recognizing the benefits of teens waiting until marriage to have sex and of discontinuing sex if already active,
- thinking it was wrong to have sex prior to marriage,
- thinking it was important for them and their partners to remain virgins until marriage, and
- thinking they would not have sex because of their beliefs and because of the possibility of sexually transmitted disease. (p. 595)

Me, My World, My Future

This curriculum and its companion for senior high students entitled "Sexuality, Commitment and Family" were written by P. J. Wilson (1985) for TEEN-AID. The focus is on postponement of immediate gratification of various kinds, including drugs, alcohol and sexual activity, in exchange for future goals. Like Sex Respect and PSI, concrete learning strategies are employed to present decision making and communication skills. In addition to the common topics, teens learn about fetal development and the responsibilities of parenting. This curriculum is similar to AANCHOR in that it involves students in activities designed to build a vision of their futures.

A report from San Marcos Junior High School in California is often used to indicate that this program is effective. There, the six week program was said to be responsible for reducing the number of pregnancies in the school from 147 per year to 20 per year. However, this evaluation suffers from the same lack of rigor as the school studies previously mentioned, and many other interpretations of the results are possible. A more rigorous study of the effects of the program is currently being conducted for the Office of Adolescent Pregnancy Prevention (Weed & Olsen, 1988).

Postponing Sexual Involvement (PSI)

In order to avoid the negative connotation of the word "abstinence", Howard (1985) renamed it "postponing sexual involvement". This slight change in image was found to make the concept and the program more acceptable to teens while retaining popularity with parents and politicians.

PSI is operated by Grady Memorial Hospital with low socio-economic status girls in Grades 7 and 8 in Atlanta, Georgia. It was designed specifically to help these "high risk" teens delay sexual intercourse. Peer educators from nearby high schools are employed and a video-tape follow-up program is used in higher grades to reinforce the knowledge, skills, attitudes, and behaviors.

Howard and Blamey (1988), using self-reported surveys of 2000 teens along with pregnancy statistics, found the PSI program to be effective for both males and females who had not yet had intercourse. Specifically, the program is creditted with reducing the number of girls in this population who become sexually involved by the end of Grade 8 from 15% to 5%. PSI did not, however, have a measurable effect on those who had engaged in sex prior to the beginning of the course.

Montreal Version of PSI

Gardiner (1988) reported on the Montreal Council of Women's project to adapt and pilot the PSI approach with 1200 students in 4 schools in Montreal. Like PSI, it involved a series of exercises to raise the consciousness of pressures to become sexually involved. These were accompanied by exercises designed to help teens learn to value themselves and their goals. A final portion equips participants to give assertive responses in pressure situations without being offensive.

A questionnaire was administered immediately after the program (approximately eight hours of instruction) and gains in knowledge as well as positive changes in attitude were reported. Specifically 88% of students said they had become more aware of pressures to become sexually involved and 73% said what they had learned would help them resist pressures. Over 80% said they became more aware of the consequences of early sexual involvement.

Alberta Curriculum

Sexuality education has existed in some form in Alberta schools for at least 25 years. In the early days, it was generally limited to the community health nurse showing a film on maturation to Grade 5 students and answering questions afterward. In 1981, a new Elementary Health curriculum, which included the optional "Theme 5 - Human Sexuality," was introduced by Alberta Education. This theme was extended to the Junior High curriculum in 1986 with the approval of the "Health and Personal Life Skills" curriculum and to Senior High through the Career and Life Management (CALM) program. Though most school jurisdictions offered it, the sexuality theme remained optional until 1989. At that time, Theme 5 was mandated because of a perceived need to act on the growing threat of AIDS and other sexually transmitted diseases as well as teen pregnancy. The following is an exerpt from the information bulletin announcing the program.

> A number of individuals, agencies, and organizations have recommended that this policy be revised in light of the findings and recommendations of various provincial and national studies. After consulting widely with Albertans on this issue, the Minister of Education has decided to ensure universal access to human sexuality education for all students in Alberta schools operated by boards.
> (Alberta Education, May 8, 1989)

Parent information nights were strongly recommended and parents retained the right to exempt their child from the program.

The Alberta curriculum has attempted to take a morally neutral stance on teen sexual activity. Abstinence is presented as a category of sexual expression (along with heterosexuality, homosexuality and bisexuality) and as a preferred method of preventing pregnancy and disease (p. 221-222). Students at the Grades 8 and 9 levels are informed on the variety of contraceptive measures and "risk-reducing behaviors" open to them and evaluate these within a decision making model. The Alberta curriculum encourages parent involvement but retains teachers as the primary communicators. It suggests that health professionals and other community resource people can and should be involved as well.

To date it does not appear that any formal evaluations of these programs have been carried out. Though principals have been given responsibility for program evaluation under Section 15 of the recent Alberta School Act (1988), the practical difficulties associated with evaluation in this area make this a very difficult task indeed.

Alberta's situation is fairly typical when compared to that of other provinces. In a survey conducted by Ajzenstat and Gentles (1988), data on sexuality education evaluation were found to be available in four provinces: British Columbia, Saskatchewan, Ontario, and Nova Scotia. At the time of the survey, most boards did not have evaluation procedures. Those that who had procedures did not, generally, regard them as rigorous. Most depended on informal feedback from parents, teachers, and students and on teacher anecdotes. Only one board, Victoria County in Ontario, said they surveyed parents and the community as a whole as well as studied teen pregnancy rates. (p. 30)

The COOL Program

A detailed description of COOL is given in Chapter IV. One evaluation has been conducted by MacLeod (1990). This pre/post questionnaire survey involved 19 families and focused on parent/teen communication. The purpose of this study was "To detail parents' experiences in communicating with their child about sexuality under the facilitating circumstances of their children's' participation in a sexuality education program and their participation in orientation sessions for this program" (p. 130).

The findings generally supported previous studies on the topic as well as indicated areas for further research. Parents surveyed felt the program was "beneficial to them and effective in helping them facilitate sexual communication with their children" (p. 142). Parents felt more comfortable with, and informed about specific sexuality topics. They felt their "involvement in the program gave parents and children a common ground on which to base further sexuality discussions. It was also evident that the parents in this program benefitted from a supportive network of other parents" (p. 142). Further research, especially qualitative research, was called for in order to examine possible barriers to parent-child communication, the differing strategies used by mothers and fathers and why fathers tend to be less involved.

F. SUMMARY OF ISSUES

Most traditional SE programs appear to have had little success in lowering teen pregnancy rates. They have increased knowledge but most have had little effect on attitudes or behavior. Program evaluations which show effectiveness should be examined to determine the quality of the research design and the interpretation of the data gathered. It may be that it is simply meaningless to try to relate SE programs and pregnancy or behavior in a statistical way.

Programs have varied considerably in their assumptions, goals and approaches. The form which "sexuality education" takes in one area may be quite different from that which it takes in another. Descriptions of program context or activities rarely accompany evaluative reports, making it difficult to determine whether or not a similar approach would be suitable in another situation. The approaches themselves may be as important as the actual content of the program in influencing the outcomes.

Yet, sexuality education is just one of many factors which contribute to an individual's sexual knowledge, attitudes and behavior. It is very difficult to attribute outcomes, especially attitudes and behaviors, to a single program of several hours duration. Related aspects, such as improvement in parent/teen communication, peer leadership and community development may also need to be taken into consideration when determining the program's effects on participants. It may be important to understand the process of how individual's interpret information on sexuality in order to understand why and how an educational program influences that interpretation.

Finally, SE programs occur in complex political, social, financial and instructional contexts. Understanding the program may necessitate understanding the complex context in which it occurs. It appears important that the evaluator be sensitive to the political and ideological context in which the program and the evaluation operate. Involving people with diverse interests and backgrounds in the evaluation could provide a balance of value perspectives and, at the same time, help them develop greater understanding and ownership of the program.

Chapter III

DESIGN OF THE STUDY

OVERVIEW

This evaluation employed a responsive model with similarities to those proposed by Stake (1975) and used by Greene (1988). This approach was used to accommodate the diverse interests and values of the stakeholder audience, to maximize their participation, and to maximize their utilization of the results. The evaluation process can be seen as having five stages:

1. **Orientation to the Program**. The researcher became familiar with the program scope and activities through observations of the program components and preliminary discussions with stakeholders.
2. **Understanding and Responding to the Needs of Stakeholders**. The stakeholders were identified and interviewed to determine the concerns, issues and problems and questions that they felt were important. Research questions, data needs and research instruments were refined through an iterative process involving stakeholders.
3. **Data gathering.** The researcher gathered data from a variety of sources, using a variety of techniques.
4. **Refining interpretations and implications**. A synthesis of the data was prepared and presented to stakeholders for their input into interpreting results and formulating implications for the program.
5. **Final Reporting**. A final report was prepared by the researcher. It included recommendations and feedback from stakeholders.

This chapter deals with how each of these five stages was implemented.

STAGE 1: ORIENTATION TO THE PROGRAM

During this stage, the researcher became familiar with the program scope and activities through observations of the program components and preliminary discussions with stakeholders. The researcher participated in and observed each of the program components as portrayed in Chapter IV. Documents from each meeting were collected and extensive notes were made. The notes included descriptions of activities, instructors statements, responses of individuals and group interactions. The observations provided an overall sense of the program goals in practice as well as a context in which to place the input from stakeholders. It was decided that the answers to the following general questions would be sought:

- What issues, concerns and problems did stakeholders consider to be important to investigate?
- How was the program designed and implemented?
- What effects, if any did the program have on the participants?
- How can the approach be improved for future programs of this kind?

Observations of program elements and preliminary contacts with stakeholders led to the identification of other, more specific questions relating to the program's stakeholders, the design and implementation, the participants and program improvement.

Stakeholders

- How was the program, including its goals, perceived by stakeholders?
- Why did some of the stakeholders who were originally identified by the organizers not become involved with the program?
- What evaluation content and format would be most useful to stakeholders and educational decision makers?

Program Design and Implementation

- What were the goals and the standards of the planners? Were there variations between these as they were stated in print, verbalized, or seen in action?
- How were the program goals developed and adapted for this community?
- What operational assumptions did the program leaders have?
- How well did the program reflect the goals?
- What constraints affected the program?
- What were the significant features of the program and each of its components?

Participants

- How was the program perceived by individual parents and teens?
- What other sources are providing sexuality education to these individuals and how did this workshop reinforce/erode the effects of other sources of sexuality education on individuals?
- Did the effects vary between individuals? If so, how and why?
- Did the program have any unintended effects for parent or teen participants?
- Why did some individuals and groups choose not to become involved?

Program Improvement

- How appropriate was this program for the individuals in these communities?
- What specific standards should be used in judging the program's effects?
- What specific features should be modified in future programs?
- How should research on long term effectiveness of this program be designed?

STAGE 2: UNDERSTANDING AND RESPONDING TO THE NEEDS OF STAKEHOLDERS

Greene (1988) described several important operational elements that relate to stakeholders in a responsive evaluation. These were used as guidelines for the involvement of stakeholders:

- The definition of stakeholders should be intentionally broad and diverse.
- Caution must be exercised in involving stakeholders. Each of them should be legitimate and have sufficient knowledge to contribute in meaningful ways. Their self-defined stake should be high.
- They should participate during the initial design-phase and during the later phase in interpretation of results and formulating implications. They should not be involved in the collection of data.
- Their participation must be meaningful. They should be kept in touch, receiving ongoing written and personal communication. They should be active and engaged, with their views actively sought and valued.

Program stakeholders were identified, then interviewed to determine the concerns, issues, problems and questions that they felt were important to address. The data gathering instruments were prepared and refined through a process which involved several cycles of feedback from stakeholders.

Description of Stakeholders

The following groups, represented by individuals, came to be known as "the stakeholders" for the purpose of this research:

- Family and Community Support Services (FCSS), by the agency's coordinator,
- the local Health Unit, by the Sexual Health Coordinator,
- the school jurisdiction, by the curriculum coordinator,
- a school which had a central role in the program, by the Assistant Principal,
- teen participants, by four junior high students,
- parent participants, by a parent who was a key communicator in the community,
- the designer and facilitator of the COOL program.

One group, the religious leaders, had been included by the planners in their original list of stakeholders but did not see themselves as sufficiently involved to participate as stakeholders in this research. It was decided, instead, that data would be collected from them and, hopefully, lead to improved involvement of such groups in the future.

Each stakeholder had different, but complementary reasons for being involved with the program and its evaluation. Three of them -- FCSS, the Health Unit and the program designer/facilitator -- were already involved with implementing the program.

The FCSS agency in one of the communities was the principal sponsor and coordinator of the program and could be said to be "the client" in this evaluation. This organization's focus was on improving communication within families as a preventative measure. The agency representative had worked with the program since its inception, was responsible for raising much of the other sponsorship for the workshop and received the "beefs and bouquets" voiced by the public.

The local Health Unit saw this program as having significant potential for transmitting information about sexuality. They hoped this information would lead to healthier practices which, in turn, would lead to reductions in sexually transmitted diseases and unwanted pregnancies in the teen population. The staff member who functioned as the stakeholder representative was heavily involved in the planning and implementation of the COOL program.

COOL's designer/facilitator developed the program while working under contract with another Health Unit. She continues to be the primary facilitator for COOL workshops throughout the province and has a strong interest in making the workshops as effective as possible.

The other stakeholders -- representatives from the teens, parents, school and school jurisdiction -- were specifically contacted by the researcher. It was essential to include teens as stakeholders because they were the primary target audience and the ones most directly affected by the program. Those who emerged as contacts were invited to participate in the "stakeholder representative" capacity because they had been participants in the program and had shown special willingness to take leadership in this area. They were also members of the local school Peer Support team, a group of volunteer students who are trained and available to help their peers in the many challenges that face them, including the area of sexuality.

Parents of teens were the secondary target audience of the program. They also had great interest in having the best possible program for their offspring. Four parents participated in the initial interview but one mother emerged as the contact. In addition to being a parent participant in the COOL program, she showed a great deal of interest in the evaluation. As it happened, she was also the community school program coordinator. Through her work and community involvement, she knew most of the residents, was well respected and had good rapport with them.

The school jurisdiction was involved because the school program had similar objectives and coordination between the schools and the community was seen as very important. The jurisdiction was represented by the curriculum coordinator, the same person responsible for dealing with various groups that lobby for improvements in the sexuality education program. One of the schools played a key role in the program and was represented by the Assistant Principal. This individual was involved in early work to set up COOL, was active in community/school relations and helped to lead the school's Peer Support group.

Interviews With Stakeholders

All of the stakeholder representatives were interviewed by the researcher. Five simple, open-ended questions were prepared for participants to respond to during the interview:

- What do you feel is important to know about the program and how it worked?
- What concerns do you have with the program?

- What issues relating to the program do you feel need to be raised?
- What questions should be asked of the teen or parent participants?
- What would indicate that the program had been successful or effective?

Interviews varied greatly in length, location and circumstances. Stakeholders were given an opportunity to select the location and time that was convenient for them. The first interview was recorded successfully, but a somewhat negative reaction to recording from the next two groups prompted the researcher to abandon this practice. It was decided that subsequent interviews would not be recorded for two main reasons:

- The main objective was to capture concerns and issues that could be expressed in reasonably brief notes and there was no need for an extremely detailed analysis of these interviews.
- Building rapport was very important at this stage and it was felt that great care must be taken not to jeopardize the trust that was just developing and would be essential for the successful completion of the project.

As an alternative, the researcher sought to have the group or individual refine the often vague concerns, issues and problems, into specific questions or requests for information. These were noted and repeated back to the interviewees for verification and clarification. The items, most of which were worded as questions, were typed with original wordings maintained.

When all of the interviews had been completed, each contact was given a copy of the contribution from his/her interview, as well as a composite listing of all questions, concerns and issues raised. The interviewees were asked to check their own contribution again for accuracy and look over the composite, making any comments or suggestions for further questions as they felt necessary. The final list of items that included this feedback was used to generate the questionnaires for teens and parents (Appendix 1) and tentative interview guides which would be used with participants and others (Appendix 3).

Trustworthiness was, thus, ensured through the checking which took place at the end of each interview, through the written summaries and composite, and through follow-up contact for clarification of language or vocabulary. Stakeholders also reviewed the questionnaires and tentative interview guides for participants, to check that the questions were still true to their intents.

The process of interviewing stakeholders brought forward many issues and questions and fulfilled the first of four parts of the purpose of this study. It also served to refine the researcher's understanding of COOL and the way in which stakeholders perceived their roles in it. The suspected need for a questionnaire was confirmed and it became clear that a questionnaire survey of all participants would be most useful if conducted before interviewing selected teen and parent participants.

STAGE 3: GATHERING DATA

In order to answer the central and secondary questions, the researcher gathered data using the following means:

- observations of program components,
- analysis of program documents,
- questionnaire surveys of participants,
- interviews with participants,
- interviews with teachers and religious leaders, and
- community feedback through a public meeting and newsletter.

Observations

Every element of COOL was observed, including pre-workshop planning activities, parent and teen workshops and follow-up meeting. These observations provided a total picture of the implementation of the program as well as its content and are presented in summary form in Chapter IV. One portion of the program, Day #2 of the teen workshop, was video-recorded. This was especially useful when attempting to resolve some conflicting information about the content of the workshop.

Documents

An attempt was made to collect all documents associated with the program. These included:

- news releases,
- promotional brochures,
- meeting and workshop agendas,
- parent and teen information packages,
- a telephone contact script, and
- program manuals (parent, teen, facilitator).

These documents were found to be useful when comparing the program-in-print with the program-in-practice.

Questionnaires

Data were collected from three different questionnaires:

- a pre/post questionnaire for teen participants,
- a questionnaire for teens based on stakeholder comments, and
- a questionnaire for parents based on stakeholder comments.

Pre/post surveys of knowledge, attitudes, and behaviors (Appendix 2) were supplied by the program facilitator and completed at the workshop. It was possible to use nineteen of these anonymously coded pairs of questionnaires. The data from them were entered and processed as part of this evaluation.

The majority of the quantitative data came from the questionnaires for teens and parents which were created by the researcher from stakeholders' comments. The draft versions of these "custom-made" questionnaires were checked by the stakeholders and several "expert" consultants to ensure that no key area had been left out due to oversight or ignorance. They were pilot tested by four teens and four parents and revised according to the feedback received.

In an effort to maximize participation in the study, the researcher decided to meet with the teens participants at each of the five schools which they attended. A brief verbal introduction to the study was given, the importance of each individuals' participation was emphasized and the ethical safeguards were described. Each teen was given a package which contained an introductory letter, a permission form, a questionnaires for the teen and questionnaires for the parents (Appendix 1). The consent of both parents and teens was requested and permission to participate in the survey was indicated separately from that of the interview.

Approximately 60% fully completed packages were returned within two days and, after follow-up phone calls, a response rate of 78% of students and 65% of parents was achieved. Approximately 10% of the participants in the program had left the area since the workshop and were not able to participate in the study. Data from the questionnaires were entered and outputs of frequencies were produced for parents and for teens. These findings are reported along with the questionnaire items in Appendix 1. They were also used to refine the questions asked of participants who were interviewed (Appendix 3).

As part of the program, personal evaluations of the workshop sessions were completed by both teens and parents after each of the workshop sessions. However, they focused on participant perceptions of the leaders and their performance, rather than items of interest to stakeholders, and very little information from them was used. Summaries of these evaluations were prepared by the community coordinator and sent to each of the stakeholders.

Interviews With Teen and Parent Participants

Purposive sampling of six teen/parent family units, as well as four teens and four parents at large, was done to obtain a range of backgrounds and views of the workshops as well as representation from each of the three communities. There was an attempt to include single parent (male) and single parent (female) families as well as two parent families.

Families with one parent, both parents and no parent attending the workshop were also present in the sample. An equal number of male and female teens were interviewed, but only three of the parent participants were men.

Permission for the interviews was obtained from the teens as well as from their parents. Parents were generally interviewed first, followed by the teen and , in some cases, followed by all of them together (Appendix 3 contains a copy of the interview guide). This approach was used because it familiarized parents with the questions that would be asked of their teen and permitted both parties to respond individually as well as in a group. Detailed notes were made in all interviews and three families gave their permission for recording.

Follow-up discussions were conducted by telephone with all those interviewed. This allowed clarification and further questionning on areas that had arisen since the first interview.

Interviews With Teachers and Religious Leaders

Six teachers were interviewed, four in a group and two as individuals. The researcher attempted to draw out the teachers' perceptions of the program and their possible connections with it . At the same time, information was gathered on effects the program had on teen participants and possible effects the teen participants were having on others.

Five pastors of churches serving the communities were interviewed by telephone. Interviews lasted 20-30 minutes and focused on how the religious leaders wished to be involved in this community-based sexuality education program (Appendix 3).

Community Feedback

A public meeting, targeted at non-participant parents, was held in a school staff room and attended by four parents. The purpose was two fold: to enable the researcher to learn about any effects of the program on the community and to give community individuals who had not been involved directly with the program an opportunity to contribute to the development of the program through the evaluation.

In a further attempt to gather information from the community at large, a very brief questionnaire was included in a newsletter which was distributed throughout the community. No responses were received.

STAGE 4: REFINING INTERPRETATIONS AND IMPLICATIONS OF THE DATA

Attention was given to several issues of data gathering, analysis and interpretation. For example, truth value and credibility were enhanced through triangulation and extensive exposure to the planners, the program and its participants. All of the sources and kinds of data were checked to obtain corroboration of findings. Consistency and auditability were addressed through constant communication of the data to stakeholders. Neutrality and confirmability were addressed by retaining all original tapes and field notes until the study was completed. Finally, attempts were made to increase the applicability and fit by making descriptions as detailed as possible and practical.

After the data were collected and summarized, the researcher prepared a synthesis of early findings for presentation to the stakeholder group for their input. Stakeholders requested that the major findings be presented as areas of strength, areas of concern and equivocal findings. Areas which were clearly strengths or concerns, as well as supported by findings from at least two sources, were included in those lists. The equivocal findings were those areas that were either not clearly in one category, or ones in which data gathered by one means contradicted data gathered by another. Several of the stakeholders also requested that the researcher prepare an outline of possible implications of the data or questions for consideration. This was to provide a starting point to add to, or react to, during and after the meeting.

One challenge came in attempting to establish the "standards" or levels of performance that would indicate success or "effectiveness" of various aspects of the program. The original plan involved discussing and establish these standards as the first part of the reporting meeting. This was not possible for several reasons, not the least of which were difficulty of drawing everyone together and the amount of information to transmit because of the many questions and many sources of data. Rough standards for questionnaire responses were established in consultation with the stakeholders and it was acknowledged that these were open to further debate and discussion.

The findings and the outline of implications were delivered at a group meeting of stakeholders (Appendix 4). Oral and visual presentation techniques were employed because they were considered most effective in accommodating people with very different backgrounds and information needs. Two stakeholders who were unable to attend were given printed versions of the findings. Feedback and further implications and recommendations were received at the meeting as well as through telephone and in-person conversations afterward.

STAGE 5. FINAL REPORTING

The final report to stakeholders contained a summary of strengths, areas of concern and equivocal findings. It also included the implications, questions for consideration and recommendations generated and refined. These were, essentially, draft versions of Chapters V and VI of this thesis.

SUMMARY

The evaluation process involved stakeholders in the design of the study and in interpreting the findings. The first task was to communicate with all stakeholders and uncover the concerns, issues, questions and concerns which they felt were important to investigate. At the same time, the researcher became familiar with the program through participation in, and observation of its many components. This information led to the development of questionnaires and interview guides for participants as well as interview guides for teachers and religious leaders. A variety of means were used to collect data, including interviews, questionnaires, observations, analysis of documents and a public meeting. The data were synthesized and delivered orally, as well as in printed form to stakeholders. Their interpretations, implications and recommendations were considered in completing the final report.

Chapter IV

A DESCRIPTION OF THE "COOL" PROGRAM

This chapter describes the significant features of the COOL program from the perspective of a participant observer. It includes some information on the pre-workshop planning activities but focuses on the parent and teen workshop sessions and follow-up meeting. The statements of COOL's purpose and goals have already been described in Chapter I and the evaluation activities have been discussed in Chapter III. An agenda of the workshops is included in Appendix 5 and a program/evaluation timeline is included as Appendix 6.

PRE-WORKSHOP ACTIVITIES

The following is intended as a sketch of the organizational work which was done prior to the actual workshops. It shows that key players were familiar with the principles of community and parent involvement which research literature suggests can contribute to success.

In March of 1989, teens, parents, school and FCSS staff in the community simultaneously identified a need for a different approach to sexuality education and relationships. This need was identified at various parent and school meetings and in school and community surveys. The local Health Unit's representative became aware of the interest "through the grapevine." She brought news of the COOL program to the community coordinator because she felt it was appropriate for the community and would meet the needs that were expressed. The three key players -- the FCSS coordinator, health unit representative and COOL's designer/facilitator -- met and discussed the program, the costs involved and possible dates for the workshops. They decided to promote the program to teens in five schools and hold meetings to inform interested community people and local religious leaders.

They conceived the community information meeting as an opportunity for all the stakeholders to gather and be informed about the program. Ten people from the area attended, including a pastor, an FCSS representative from a neighboring community and several parents. The assistant principal and the community school coordinator who later functioned as "stakeholders" for this study, were also present. COOL's designer/facilitator outlined the program origins and philosophy, and described the major activities and the rationale behind them. One of the purposes of the meeting was to involve more people with the program. To facilitate this, job descriptions for various volunteer positions, such as food coordinator and supplies coordinator, were presented and individuals were invited to volunteer.

The purpose of meeting with religious leaders was to provide them with information on the content and approach used in the workshops. Though many who were contacted expressed interest, only three of the thirteen leaders that served the area were present. This, of course, was disappointing for the organizers and was raised as an issue to investigate as part of the evaluation.

The day after the community information meetings, the three "key players" travelled to each of the five schools to promote the program to Grades 8, 9 and 10 students. Of the 592 students at the assemblies, 330 expressed interest in attending the workshops. Later, fifty of these students were chosen by a combination of random and purposive selection. A package, including basic information about the program and a consent form, was sent with teens to their parents. After several weeks, all parents of teens were contacted by telephone to confirm their participation and provide information on the workshops.

PARENT WORKSHOPS

The two parent evening workshops were designed to accomplish three things:

- provide an overview of the activities that would be used with the teens,
- equip parents with the same information that teens would receive, and
- relay strategies for improving parent/teen communication at home.

Though advanced registration indicated there would be at least 50 parents attending, 41 arrived for the first evening and 32 for the second. They were divided into two groups, each of which was led by two adults and two teens. The groups were separated for about half of the program and together for the other half. All of the activities which the teens were to receive were introduced but only the ones detailed in this section were conducted with parents. Illustrations of some of the activities are included in Appendix 7.

Parent Evening #1

After brief introductions of the people and the program, we began the "Feeling Star" exercise. Each participant answered the following questions which were printed on a star shaped paper:

- If you could be any age, what would it be?
- If you could be anyone, who would it be?
- In my opinion a teen should not date until......
- How old do your teens think you should be before you start dating?
- Have you talked to your teens about dating?
- What was one thing you looked for in a person you wanted to date?

Then we mingled, exchanging information about our responses as well as about ourselves. The activity worked well as an icebreaker but also stimulated thought about issues surrounding teen relationships.

Just when we were beginning to relax a bit, the leader called our attention to the "Group Contract" posted at the front of the room. The ten guidelines stressed the idea of listening to each other. That meant refraining from judging, but respecting and tolerating one another's opinions as well as their silence if they should choose not to share their thoughts. The goal was to have an open, honest atmosphere in which to discuss ideas and issues freely.

The test came immediately when, in groups of four, we individually reacted to a variety of prepared questions. The topics ranged from pregnancy, menstruation and nocturnal emissions to sexual intercourse and pre-marital sex. They asked us to reflect on what we were told about these when we were teens, how we learned about them, how we felt about that and what we wanted our teens to know, feel and believe about these areas. These ideas were summarized back in the large group. The consensus was that the situation with our own sexuality education left much to be desired and we wanted our teens to have better information and greater ability to communicate honestly about sexuality than we had.

The leader blended this discussion into one on the uniqueness, importance and communication of values. "Values are presented in what one does, rather than in what one says." We were encouraged to be clear about our own values as a pre-requisite for effectively communicating values to teens. Several ideas were given on how we could verbally reinforce our teens in the process of developing a value structure. This could be done when they choose a belief after careful consideration of alternatives, when they publicly affirm that belief, or when they act according to their beliefs. The exploration of personal values continued in small groups through discussing topics such as alternatives in a teen pregnancy situation. Should the couple keep the child? Give it up for adoption? Consider abortion? Who should decide?

The pace changed in the next exercise on "listening." We were set in pairs but were secretly given different instructions. One had been told to describe something really important while the partner was to act distracted and avoid listening to what was being said. This activity was hilarious and demonstrated how hard it is to talk to someone who is not listening. Many parents commented on how they "saw themselves" and became more aware of times when they did not listen to their teens and to their spouses.

An outline of the next day's activities with teens followed, the highlight of which was the presentation of four "analogies" intended to illustrate the abstract concept of characteristics of a good relationship. Each of these, though imperfect, provided a means of communicating about abstract ideas in a concrete way. Parents attended closely and, afterward, commented positively on the usefulness of the techniques.

With the help of the "relationship wheel" (see Appendix 7), the leader showed how good relationships have many components and that physical intimacy is only one of these. She told us how over-emphasizing a component like intimacy makes the wheel oddly shaped and unable to roll smoothly. Relationships, analogously, became less satisfying and less effective when one component is out of balance.

The "clasped hands" analogy was used to dramatize the difference between two kinds of relationships. The leader clasped her two hands tightly together (Position 1), showing how nothing else can get around and between them. This represented a clinging, closed relationship which excludes other people but also inhibits growth in the individuals. The leader described a couple in this state as like "lint on clothing or mold on cheese". Conversely, a more open and healthy relationship was illustrated by the hands with fingers touching loosely (Position 2). This degree of attachment allows the couple room to maintain friendships with others and continue to grow as they get to know each other.

A third analogy, the "love triangle," depicted love as having three components -- intimacy, passion, and commitment -- the three sides of a triangle. Different types of relationships were depicted graphically, using different lengths of lines depending on the relative strengths of the three. This was designed to help teens see that love was more than passion.

A final analogy, "the intimacy funnel," showed couples at various stages in their relationships as being on various steps on a path (Appendix 7 - Showing Feelings in Physical Ways worksheet). It illustrated how relationships become more exclusive as physical intimacy increases. The "funnel" shape steepens toward the lower levels, indicating it is more difficult to maintain "limits" or "stopping points" for intimacy at the lower levels. The need for clear stopping points was emphasized, along with the need to "empower" teens to realize that they can be in control and that they have rights to be respected in a relationship. Specific limits were not identified as having greater merit than others but a signal that discussion should take place was offered. "Anytime an article of clothing is disturbed, it should be a warning light to discuss setting limits."

In the course of this discussion, some controversial statements stirred the group to discussion. At one point, the leader suggested an alternative to intercourse might be exploration with limits. "Maybe it's OK to go exploring and get the sexual feelings without having penis/vagina contact." Several parents appeared concerned at this but only a few voiced their disagreement with the position presented. At this point, it was quite late in the evening and the session adjourned.

Parent Evening #2

The second parent evening opened with a report from the leader on the day with the teens. "It went extremely well...These teen have been the best group ever."

From this, we went immediately to small groups for brainstorming about things which block or facilitate communication with teens. These were shared in the large group and several possible strategies were suggested by the parents and the leader. These included principles like taking time to really listen, ideas for activities that are special and important to do with teens, and ways of setting up situations conducive to open communication. One example of this was developing a code that would signal an intention to discuss something in a non-judgmental way. An example is "I really want to talk to you as a buddy." The leader also told of how many teens today are "touch starved" and how important physical affection from parents was to them.

The leader, then, turned our attention specifically to the importance of teens learning to be assertive. With the aid of a video-recording, we were introduced to the concept of levels of assertiveness which teens can use to communicate their positions. These include stating your position clearly, acknowledging anothers opinion and repeating your own, questioning the one applying the pressure, refusing to discuss the matter further and, finally, walking away. Role plays by the teen leaders demonstrated the use of assertiveness techniques in handling four different situations. These included pressure from parents to change plans, pressure from peers to drink, pressure from a date for sex and pressure from a date to have sex without using a condom.

The next session detailed the reproductive anatomy and physiology of males and females. The leader informed us that we were receiving the same program as teens would receive, so that we would be equally knowledgeable and able to communicate "in the same language." The presentation was thorough and held the attention of all. It presented information on many points of interest besides those dealing with arousal and intercourse. These included brief references to testicular self-exam, prostate enlargement, cleaning and circumcision. Information on menstruation and myths surrounding it, fertility and the menstrual cycle, healthful practices such as breast self-examination and Kegel pelvic muscle exercise was also given. During the presentation, many of the myths and misconceptions teens have were brought up by the leaders and information was provided to clarify these areas.

This was immediately followed by a session on contraceptives including birth control pills, diaphragms, IUD's, contraceptive foam and condoms. The leader stressed that none were 100% effective but that several, such as condoms and spermicidal foam, approached 95%. We were encouraged, as the teens would be, to get professional advice if and when one should ever be using contraceptives. Sexually transmitted diseases were also mentioned briefly, and it was recognized that all contraceptives other than condoms had severe limitations as prophylactics. Special emphasis was placed on using the spermicide "Non-oxynol 9" because of its ability to kill the AIDS virus.

Condoms were presented as the method of choice for birth and disease control when having intercourse. After an explanation of the procedures required to use condoms effectively, each parent was given one to practice applying on a finger. Suddenly, the room lights were switched off and we had to apply the condoms to our fingers in the dark. This, of course, made the situation slightly more realistic and helped to point out some of the difficulties associated with effective use. Finally, parents were challenged to normalize the use of condoms. The leader instructed us to discuss their use with teens, to eroticize condoms and to buy a package to have at home, should our teen ever have need of one. This led to a brief exchange in which points of view on both sides of this controversial position were raised.

TEEN WORKSHOPS

Though 50 teens were pre-registered, 42 attended Day #1 and 37 attended Day#2. Like the parents, the teens were divided up into two groups for about half of the program and were together as one large group for the other half.

Teen Day #1

The leaders made everyone one feel welcome and accepted during the time before the workshop and during the introductory exercises. The groups went through the same "Feeling Star" exercise and presentation of the group contract that the adults had experienced. Then, we worked in small groups to list our expectations of the workshop. These were reported in the large groups and related to the program goals.

Again teens formed in groups, this time to brainstorm for words that were associated with either "sex" or "sexuality." Again, these were reported to the large group. A wide range of words were presented, from medical to slang to swear. Much to the teens' surprise, all of the words were accepted as well. This showed us how open the environment was and helped to get teens past the "giggling phase" in discussion. It was also used to provide a forum for discussion of how swear words and labels can be degrading, especially to women. Whenever a swear word was offered, it was related to the correct terminology or it's evolution was explained. Teens were especially intrigued to find that a powerful swear word in common use was actually the acronym for an 18th century legal term, "forced unlawful carnal knowledge."

The leader used the words gathered from teens to synthesize definitions of "sex" and "sexuality." Sexuality was presented as having a very broad definition incorporating feelings, values and beliefs, roles, and actions. "It is how we are. We are sexual beings from birth and continue to be sexual beings until we die." Sex was defined in terms of gender as well as in terms of the act of intercourse.

Participants returned to small groups again to think of the reasons why teens become sexually involved. They also prepared to discuss possible consequences of intercourse and advantages to postponing sexual involvement. The leader received the reasons and organized them under the headings of "positive" or "negative." We saw that most of the reasons fell under "negative" which stimulated discussion and suggestions on ways in which teens could express or meet their needs in a more positive way. The leader then turned our attention to the consequences of intercourse and whether they were positive or negative. One of the examples discussed was pregnancy and how it can be very positive for a couple who are committed to raising a child together, but is not generally positive for teens. Other possible consequences raised included the possibility of having to quit school to get a job, a change in reputation, upset family relationships, and feeling differently about oneself and/or one's partner.

This led into the presentations of the analogies -- the relationship wheel, the love triangle and the "hands" -- which have been discussed in the section on the parent workshop. Judging by a discussion with a small group afterward, the "hands" analogy was most meaningful and the relationship triangle was most intriguing but least understood. The discussants felt that the difference might be related to the degree of abstract thought required to understand the two analogies.

In the next session, the leaders used video-recordings and discussion to help teens recognize the many sources of sexual messages and pressures in society. Messages from music, television and advertising were emphasized and analyzed. Teens were encouraged to be aware of these messages and critically evaluate them.

The "Personal Moments" time was a chance to reflect the workshop content back in a creative way. Students worked in small groups to create a short message, which showed the application of one of the concepts or skills taught in the workshop. Some used background music and sound effects to personalize and dramatize the message. Examples of topics suggested were: Breaking Up, Ways to Say "No", Teen Sexuality, Safer Sex, Myths About Guys, Myths About Girls, Who's Responsible?, The "Cool" Parent, and Being the Best I Can Be. Unfortunately, many ran out of time to complete their production as it was originally imagined.

A discussion about the powerful influence of peers followed. Questions discussed included:

- What does being popular mean?
- What are the good and bad things about belonging to a group?
- How much influence should peers have?
- What does it mean to use someone?
- How are guys under pressure? How are girls under pressure?

This discussion led to a brief talk which recognized the difficulty and very real hurt associated with "breaking up." We were assured that emotional pain was understandable and that it was reasonable to feel sad and to have tears. Several ideas for self-help were presented. These included becoming involved in sports, spending time talking with friends and trusted adults, or investigating new areas of interest.

Discussion of the "Intimacy Funnel" led to a brief, but important introduction to several issues:

- taking responsibility for discussion and setting limits,
- the possibility of exploring and not progressing to having sex,
- talking about limits before the romantic situation, and
  what to do if there is a problem agreeing on a limit.

Teens became quite involved in generating more effective responses to the "Famous Lines" used to pressure teens into unwanted sexual involvement (see Appendix 7).

- If you love me, you'll have sex with me.
- If you don't, someone else will.
- If you want to be popular with the kids at school, you'll do it.
- I know you want to do it. You're just afraid of what people will say.
- Don't you want to try it to see what it's like?
- Don't you know guys need it?

Role plays of effective responses were performed by the leaders as well as some of the teens. Afterward, the actors discussed how it felt to respond assertively.

Teen Day #2

After introductory comments, the teen leaders demonstrated the assertiveness techniques and reinforced them with two sound-filmstrips, "How to Set Limits" and "Being Assertive." Teen leaders presented the four role plays and the adult leader led discussion on them afterward. She explained the difference between responding aggressively and assertively as the difference between getting angry and keeping communication lines open while resolving the conflict. Positive resolutions to conflicts were demonstrated and encouraged.

"The fish bowl" activity which followed, was designed to clear up some of the myths and misconceptions about what teens look for in relationships, to encourage "real communication between the sexes," and build respect between males and females. We divided into male and female groups. Each group came up with five questions to ask of the other group. After the groups exchanged questions and discussed them in private, they presented their responses to the opposite sex group. There were many looks of surprise as each group clarified the misconceptions the other had about their views on issues of relationships.

The sessions on reproductive anatomy and physiology and contraceptives were, essentially, the same as the ones delivered to the parents at their workshop the evening before. During the final portion of this section, the leaders invited teens to submit any questions to the anonymous "question box." These questions were addressed in a very honest, straightforward way by the leader. Individuals were invited to come up for private consultation if they still had unanswered questions.

The workshop closed with the teens presenting their "Personal Moments" which they had created followed by a brief message from the leader encouraging teens to stick up for themselves, to be leaders and to "make a difference" in their community.

IMPACT STUDY: A FOLLOW-UP MEETING

This evening meeting, to which both teen and parent participants were invited, was held two months after the teen and parent workshops. Eleven parents and twelve teens attended. The purpose of the gathering was to reinforce concepts presented in the workshops and to continue to develop better communication between parents and teens.

Teens and parents began their sessions in separate rooms. In the adult session, many gave positive reports about improved communication and use of some techniques learned at the workshop, such as listening and role reversal. After everyone had an opportunity to share the results of the workshops, the leader introduced the "fishbowl."

Each generation group prepared questions for the other generation group to answer. As in the teen workshop, the questions were exchanged, group responses were prepared and the groups came together to answer each other's questions. The questions were very direct and struck to the core issues of teen sexuality and parent/teen communication. Each question seemed to generate many more and discussion flowed very freely. The leaders, from the local Health Unit, acted as facilitators to draw out and refine the comments, always trying to make sure the questions were answered to the satisfaction of the asking group. Further details about the meeting are included in Chapter V.

Chapter V

FINDINGS

This chapter presents the major findings of the study. It is, essentially, the report delivered to stakeholders at the meeting of June 25, 1990, but was refined to account for feedback from them and to incorporate information from research literature.

As was mentioned in Chapter III, the data was reported in four categories:

- Areas of Strength
- Areas of Concern
- Equivocal Findings
- Other Findings of Interest

Only those program features that were clearly either strengths or concerns, as indicated by data gathered by at least two methods, were included in those categories. In several cases, different data gathering techniques yielded results that were contradictory. These results have very important implications as well and are reported as "equivocal findings."

Finally, much of the data gathered do not speak of program strengths or weakness, but respond to specific questions raised by stakeholders, often of an administrative nature. These data also have implications for future offerings of COOL or for articulation of this program with other sexuality education activities in the communities. They were reported directly to the stakeholders and are not detailed in this thesis. Much of this information, however, can be found in the questionnaire results (Appendix 1).

AREAS OF STRENGTH

The following strengths have been identified in the COOL program as a result of the data analyzed during this investigation. These areas, which relate to both content and delivery, are aspects of the program which should be preserved in future offerings:

1. Facilitating positive parent/teen communication
2. Providing information and dispelling myths
3. Encouraging respect for members of the opposite sex
4. Increasing the ability of teens to recognize and resist pressures
5. Employing sound instructional design and communication techniques
6. Creating an environment conducive to participant involvement
7. Providing follow-up

1. Facilitating Positive Parent/Teen Communication

> When our daughter came home, we talked a lot -- mostly about how much we cared for each other. (Parent at Impact Study)

It was very clear from questionnaires, interviews and observations that the program provided what many participants needed in order to begin, restore or sustain communication at home. This was, essentially, Program Goal #4, "To enhance positive parent / teen communication." Both parents and teens responding to the questionnaires felt that the parent/teen relationship and communication had improved .

Changes in attitude. Many teens and parents suggested the improvement was due to a change in attitude about the importance of the parent/teen relationship. For some, the workshops seemed to provide a stimulus that was required to reactivate the relationship. A teen participant said "One of the hardest things (about adolescence) for me was that my dad and I stopped hugging. I really missed that. I went home and hugged him again." Several adults also commented on this. One who had been especially devoted to his work stated "The workshop helped me to see the need to put priority on my kids. I guess I always knew that I should, but the workshop reemphasized it, changed it from theory to practice, from intellectual to practical."

Other teens and parents reported an increase in the tolerance and understanding offered to one another.

> The course made it apparent that parents do have a valid point of view. He tries harder now, and he's somewhat more accommodating and understanding. Good relationships are founded on many of the things they worked on in the course, mutual respect and willingness to work at things. (parent interview)
>
> We discovered everyone has problems at home. We were a bit shocked and it opened both our eyes to this. (teen and parent in family interview)

Nearly half of the parents responding to the questionnaire felt that it was a change in their attitude that made the difference in the relationship. This recognition of the parents' change in desire to improve the relationship was also reported in the interviews. "The biggest improvement was on my part," said one parent. "My son is quite level headed and mature."

Regular reinforcements of attitudes of respect for the other generation were observed in both teen and parent workshops. Leaders would refer to the perspectives of teens or parents. They pointed out how hard it was for the other to understand, the need to empathize, to be gentle and to look at things from the other's perspective. One teen reflected it this way. "My attitude towards my parents has changed a lot. I learned to respect them but, most of all, how to give them my opinion without hurting their feelings."

Positive attitudes toward the other generation were also evident at the Impact Study, and both parents and teens tried hard to empathize with one another. The question which teens asked of parents during the "Fishbowl" activity was "Why do parents always think they are right?" This is the exchange that followed.

> P1 We identify with your experience and we're trying to help you. When giving advice, we can admit we were stupid ourselves and want to save you from a similar screw-up.
>
> P2 We're not lording it over you but being humbled by the experience. Some experiences are so very hurtful and you can't erase the memories.

T1 But I'm going to wind up making my own mistakes anyway.

P3 I think parents would just want to help you to look at the situation. Their instincts are to protect and they want the best for their offspring.

T2 He's right. If it weren't for my parents, I probably would have been pregnant by now.

T3 You guys, when we grow old and get married and have our kids, we'll be doing the same thing they are.

Strategies and skills. Listening skills and role playing (role reversal) were emphasized in the parent workshops. Many participants attributed their improvements in communication to their use of a technique learned at the workshops. "We started to listen more than talk to the kids, and to each other." Sixty percent of parents said they used the information on communication provided at the workshop and sixty eight percent said they actually used the listening skills taught at the workshops.

Many of the parents who came to the follow-up meeting (Impact Study) reported using these techniques at home, often with a comment about "hearing" or "seeing" themselves. "We used the role playing. I couldn't believe that I really sounded like that." Another said "We tried the role playing. It just started naturally and spontaneously. We found it was really good to hear ourselves and learn more from each other."

In general, the greatest reported improvement in parent/teen communication occurred in families where both the parents and teens attended their respective workshops. Those families who did not report noticeable improvement in their parent/teen relationships, generally, did not have parents in attendance at the workshops or reported good communication to begin with. The following are typical statements reflecting these situations, in answer to the question "Did the workshop have any affect on your communication with your parent/teen?"

> Not really. It was always pretty good with my mom and pretty poor with my dad. He always jokes around when it comes to talking about sexuality and I don't like that. (teen interview in a case where neither parent attended the workshops)

> I was always good friends with them. That didn't change. (teen)
> We've always had an excellent relationship. We were always open about sex. (parent)

Parent/Teen talk about sexuality. Both groups reported considerably greater comfort and ability to communicate about matters relating to sexuality. Seventy nine percent of teens (up from 45%) felt that they could now talk freely with their parents about most aspects of sexuality and 79% felt the workshop made them feel more comfortable in such discussions. Similarly, 87% of parents (up from 61%) reported that they could talk freely with their teens. Greater comfort was also indicated on the Pre/Post questionnaire responses to questions on talking with parents about sex and contraceptives.

When asked about whether or not they had talked about sexuality (with the other generation) since the workshop, 74% of parents and 48% of teens said they had. Most teens who had not conversed with their parents indicated that such a talk had not been required. Parents were also more enthusiastic than teens about the talks, with responses ranging from positive to extremely positive. Teens were more inclined to describe the experience as either neutral or positive. Topics of discussion ranged from relationships and dating to setting limits to contraceptives.

Compared to the questionnaire respondents, a slightly lower proportion of families interviewed said they have had discussions about sexuality. The degree of discrepancy between parent and child of the same family varied somewhat less than was indicated in the questionnaires. Somewhat less enthusiastic answers were received from both, but especially teens. When probed, some teens and parents were unable to provide details, reporting that the talks occurred some time ago, shortly after the workshop. The following quotations show the range of responses from parents and teens when they were asked "Have you had a talk about sexuality since the workshop?" These examples do not call the general finding into question, but suggest that positive communication about sexuality may be more difficult to define and achieve than positive communication in general.

> No, we haven't had any talks since the workshop, but we had lots of them about all kinds of things before. There hasn't really been a need. (parent)

> I think we've had a talk (about sexuality). I asked my mom some general questions about dating. I have a boyfriend, but I don't think I'll tell .hem about him yet. (teen)

2. Providing Information and Dispelling Myths

This was an area of major emphasis in both the teen and parent workshops. Most participants thought the workshops were worthwhile from this perspective. The effectiveness of the program in "getting rid of myths and misconceptions" was rated very highly by both teens and parents. Comments expressing appreciation and interest in the information received were often heard during observations of the workshops in all of the sections. In both questionnaires and interviews, the majority of teens reported using information on relationships. "It cleared up a lot of the funny ideas I had picked up from my friends. It was really good to get the facts straight" (teen interview).

The most strongly expressed appreciation, however, came in relation to the session on anatomy and physiology. As an example, a teen in an interview stated "I think I learned more in that day about the body than I did in four weeks of health classes." Another at the Impact Study reported "I didn't realize the female body had so many parts to it, and that they all worked together like that."

Parents also found they benefitted from information on the body. A common comment in both the interviews and the questionnaires was "It helped to clear up some myths -- things you hate to not know about the body." As already described in Chapter 3, information was presented that helped people understand more about their bodies and feel better about them. One example, from a parent at the Impact Study was, "I never knew the part about the prostate and that you should examine your testicles for cancer." This was a positive feature in that it helped to demonstrate that sexuality education is a life-long process and can be broader in scope than just intercourse itself.

Data from the pre-post questionnaire supported the strength of this area. Though students came to the program with a moderately high level of knowledge , improved results were achieved on each of the questions. Poor results were rarely found, but in the poorest (the female fertility cycle), the percentage of correct responses increased from 21% to 32%.

In addition to dispensing information, the workshop leaders consistently encouraged an attitude of seeking to have complete information before making decisions. The leaders encouraged teens to seek professional medical counselling if, and when, they wish to have intercourse. A movement toward an increased preference for this source of advice was also suggested by the questionnaire responses of teens.

3. Encouraging Respect for Members of the Opposite Sex

At several points in the workshop, the leaders successfully facilitated open, honest communication between the sexes. They placed importance on obtaining information about the views of members of the opposite sex directly from the source. Both males and females commented that they had learned a lot about these views and that this led to greater respect. "I learned that all guys are not the same. Some are nice." Another said "We know the biological function, but it's the attitudes that are important. It's the values like seeing women as more than sex objects."

Several teens and parents referred to changes in perception of the other sex with comments like "The workshops made perceptions of the sexes more accurate." Most often, the "Fishbowl" activity was given credit for precipitating the change.

> I learned what girls thought about guys. It helped clear up some myths and maybe I experience feelings differently now. At the workshop, girls responded to the guys' questions. What they said contradicted some of the information you get from your friends and peers. (teen interview)

Questionnaire responses also confirmed this movement toward increased respect.

As the workshop progressed, teens became more positive and sensitive to members of the opposite sex. They became more aware of derogatory labelling in their language, and began correcting themselves and each other. This was especially true of the labels applied to women.

The leaders took special care to build attitudes of respect for the opposite sex. When discussing role plays or activities, they would often help teens recognize and express attitudes of respect for the other sex. When a positive example was verbalized, the leaders reinforced with a statement such as "I hear a lot of respect in what you just said."

Finally, several teens indicated they had taken the words of advice given in the workshop and applied them to situations where the opposite sex was not given due respect. These examples were taken from an interview and the Impact Study.

> I speak up when I see disrespect now. I tell them how the vulgarity just makes people feel bad and makes the (speaker) look dumb. You get labelled yourself, but I can take take care of that. (The workshop leader) said to lead by your example. Don't use the labels yourself and the others will soon catch on.

> I learned that we can stand together. We can protest negative attitudes and behaviors (directed against the opposite sex) and we should. We can make a difference.

4. Increasing the Ability of Teens to Recognize and Resist Pressure

At the interviews, teens were asked "What do you think are the major reasons why teens become sexually involved?" Each reply related to pressure, either from peers or partners. When asked to interpret their responses to the question "Do you feel you are able to postpone sexual intercourse now [handle situations better]?" the universal reply related to recognizing and resisting pressures from peers and partners. The workshops dealt well with this area, tackling the difficult problem on several fronts. These included:

- recognizing and dealing with famous lines,
- building assertiveness skills, and
- increasing personal feelings of empowerment and self-confidence.

Nearly everyone could relate in some way to the "famous lines" presented.

> People get pressured into it. Those famous lines like "You don't want to always be a virgin and never know what it's like do you?" or "Don't you love me? If you really loved me, you'd do it with me." (teen interview)

Through analyzing them and practicing responses to them, teens came as close to real life application as possible. Their responses were clever and creative, but also kind. The participants learned ways to turn down the asker, yet maintain positive relations with him or her. This aspect was closely tied with what teens learned about assertiveness. The approach also addressed the fear of losing the partner, a common fear of teens.

Most teens, through both interviews and questionnaires, reported using the assertiveness techniques (Program Goal #6) in some way. The areas of application varied, however, as can be seen in examples from interviews. One said "It helped me to be assertive at school. When people picked on me, I stood up to them better." Another reported using the techniques "with my friends when they try to borrow money from me."

Comments received from a variety of sources indicated that several participants experienced an increased sense of personal empowerment and self confidence. An example of this can be seen in this set of quotations.

> One student who attended the workshop, a quiet fellow, has become considerably more communicative and sometimes takes a leadership role now. (teacher interview)
>
> It showed me how to be myself, to stick to my values and not be embarrassed. It helped me be more assertive and make decisions better, not just on a whim. (teen interview)
>
> He's using what he learned and really sticks up for himself now. (teen interview)

Whether or not these skills are transferable, or have been transferred, to situations involving sexual decision making is uncertain. The Pre/Post test showed there were no net changes in talking with a partner about sex or contraceptives. No one reported using the assertiveness skills in a situation involving a sexual decision. However, when teens were asked if they felt as though they could summon up these skills at such a time, most felt they could. One stated that "I can say 'no' when I want because I feel I am in control of my body."

5. Employing Sound Instructional Design

> At school you get the dead, hard facts. This program made it more practical. (teen interview)

Everyone surveyed said they enjoyed the workshop and all but one said they had learned something from it. The learning activities were observed to be appropriately challenging, neither above nor below the level of the students. Over the course of the workshops, the leaders were observed to use sound instructional design and techniques including:

- incorporating a sense of fun
- varying the techniques
- using analogies and illustrations
- emphasizing small groups
- communicating in a straightforward way
- delivering important messages through peer instructors
- focusing on relationships rather than sex

The learning activities, though serious, were characterized by a sense of fun. Many parents and teens appreciated that, emphasizing that humor is essential if such a program is to be effective. They had comments like "It was fun! It has to be if you want teens to come. A lot of teens had a positive experience and are using what they learned." A confirmation of this was also given by one of the teachers that was interviewed. "The students really enjoyed it and seemed quite enthused when they came back from the workshop. They seem to have learned a lot and are offering information in class." Many similar comments about it being a fun way to learn were received from the teen questionnaire.

A wide variety of instructional techniques were observed. These included brainstorming, large and small group discussions, role playing, group demonstrations, filmstrips and videos, and group and individual tasks. It was positive that both verbal and visual learning were emphasized and that some of the negative features teens associated with learning at school were absent. Effective audio visual aids were used on several occasions. These included use of video and audio recordings, sound filmstrips, colorful diagrams and posters. One parent summarized this strength of the workshop by saying "One of the best things about the program for my (teen) was that they didn't have to take notes or read a whole lot."

The analogies used to present the abstract characteristics of relationships were generally effective. Several teens made comments such as "What they showed us with the wheel and the triangle was really right on. I can still remember what she said about the hands too -- lint on clothing, mold on cheese." Most commonly mentioned was the "hands" analogy (see Appendix 7).

Many parents and teens commented on the opportunities to express themselves in small groups. A representative comment from a parent was "The small groups were great. You got to hear 4 or 5 different points of view on the same tough questions. It helped (all of us) see how other families faced the same kind of problems."

Special skill was shown in the way in which the leaders drew out and addressed the very serious and sincere questions which teens had for them. The words "straight" and "straightforward" were commonly used to describe this.

> The leaders answered you really straight. They addressed you one on one. They answered your individual questions but they spoke to the whole group. That way the whole group would understand and yet they wouldn't know it was you who asked. (teen interview)

Any issues or questions that arose were tackled in the same, direct way. At times during the parents' workshops, conflicting opinions emerged . Examples of these were the discussions about the appropriateness of exploring below the waist, the need to eroticize condoms and the need to have them available for teens at home. On the whole, these controversies were dealt with in a mature way -- agree to disagree.

The use of peer instructors contributed dto the general effectiveness of the presentations. Though some problems were noted, such as dress, inexperience and inappropriate disclosure, sufficient merit was seen to include this characteristic as a strength and a step in the right direction. Several parents felt that "The teen helpers and teen leaders were a really good idea, even though they could use more training. It helps the teens to get more out of it and it was good to see them there." In the teen workshop observed several months later, which was conducted by more experienced teen leaders, the problems mentioned had largely been eliminated.

Some participants felt that there was a minor problem due to the shortage of time for certain program components. Most who had this concern related it to the time allotted for discussions after the audio visual presentations and for creating the "personal moments".

> Two days weren't long enough. It got confusing at times because there was no time to let the last part sink in. They had to really rush to finish on the second day. There were 3 films in a 1/2 day, I think. Mental overload. We probably missed a lot of what they had to say. (teen interview)

Two individuals interviewed suggested allowing for increased opportunity to build the feelings of unity and team spirit.

> It was hard to get close to people in the short time we had. We have the same amount of time at the youth rallies but we start off with some ice breakers, start with very small groups, branch out. You could also have an evening program that really gets people closer. (teen interview)

Though some segments could be improved, general instructional design appeared to be sufficiently effective to teach a large portion of the knowledge and skills which teens may require in order to recognize and resist pressures to early sexual involvement, should they choose to do so.

6. Creating an Environment Conducive to Participant Involvement

> It was a fun way to learn about relationships and the environment was comfortable. This helped teens understand themselves and the opposite sex. Communication will become easier, I'm sure, with parents and other teens. (teen questionnaire)

Though related comments have already been expressed, the atmosphere of openness, honesty and trust which was created is worth emphasizing. The creation of this very encouraging environment was due to special efforts by both participants and leaders. It also seemed to be related to the fact that the program was held outside of school and the leaders were from outside the community.

Both teen and adult leaders demonstrated a sincere, caring attitude. They made consistent personal efforts to have meaningful contact with individual participants, to get to know them and make them feel good about themselves and their contributions. At appropriate times, both teen and adult leaders were observed in the process of showing individual participants that they were important. This was done through asking about the person's hobbies and interests, showing physical signs of acceptance, and offering sincere praise and encouragement. Participants commented on this saying "We really liked the people, including the teens, who did it. They were open, friendly and professional."

For the most part, this environment was one in which it was "safe" to communicate honestly and openly. Teens felt they could ask any question whatsoever and not be afraid of any repercussions. Several teens that were interviewed said "The openness was really good. You could say what you felt and not be put down by the leader or the (teens)." The "group contract" was instrumental in achieving this safe environment. It established the importance of tolerance and avoiding put-downs. The atmosphere was observed to continue to improve as the meeting progressed and the nervous chuckles eventually turned to sincere sharing, intense listening and thoughtful feedback.

Questionnaire responses from both teens and parents clearly showed that it was important that such a workshop be held outside of school, or at least with outside leaders. The explanations given by several teens are summarized well by this teen's interview comment.

> It's just not the same with a teacher there. You like them and everything, but they've known you for a long time and they know your parents and you just can't talk to them in the same way because they might not understand why you're asking something. Maybe they'll think you are fooling around or something.

Other teens explained the situation in terms of the effect of participation on a voluntary basis saying that "It was good to hold it outside of school. You get the interested ones that way, not the class clowns who just want to cause a disturbance."

7. Providing Follow-up

The follow-up plan had two components, the Impact Study meeting and the resource package.

Much was gained by the participants in the "Impact Study" follow-up meeting as portrayed by a parent who said "I'm really glad I went to the follow-up. I learned a lot from both the teens and the parents. It's too bad everyone couldn't be here. Those who did not come missed a highlight of the program." There was a chance to share successes and failures and to accomplish the "in-progress in-servicing" which is so important in bringing about a change. Even though the follow-up was limited to one meeting and, for a number of reasons, very few attended, there was a recognition of the importance of follow-up and considerable thought went into planning appropriate ways of conducting this program.

The parent/teen discussions from the "Fishbowl" were fun, satisfying and at times, heartwarming learning experiences for both teens and parents, as indicated by brief interviews with individuals during and after the program. Individuals from both groups listened intently and spoke honestly. Their comments showed evidence of independent reflection on the concepts presented at the workshop. The following example provides some of the flavor of the exchanges between generations. The question asked by teens of parents was "Would you supply contraceptives to us?"

P1 No. Our group didn't feel it would be wise, but the answer might vary with the individual parent. We would keep the channels open and go together to a professional if you wished, but we feel that, in spite of what was said, supplying them may condone the action of sex.

P2 I think most parents would have a problem. It would be like being a bootlegger. Imagine counting them! (Everyone laughs).

Facilitator - But the risk is always there and it is really personal. Would you as teens perceive it as condoning sex?

T1 If a kid is responsible enough for sex, they can be responsible to get their own condom. What's the point of the parent getting it?

Facilitator - Do you still think it's an option, though? (The facilitator follows with a comment on the importance of using birth control).

T2 What I think is important is that I take responsibility for myself. If it's my action, I am the one responsible for taking care of me.

A second component of the follow-up available to participants was in the form of a printed resource package or handouts. Both teens and parents were asked what use they made of the package. Both found them to be useful in general, exceeding the expectation of stakeholders. According to the questionnaire responses, nearly all participants made some use of them with 42% of parents and 38% of teens reading portions in detail. Only one family used the materials with their parent or teen. This was lower than the standard of 15% that was set for that usage.

One of the parents interviewed felt the handouts were good but could be improved to be more useful. "There needs to be more emphasis on a plan for follow-up. Maybe better handouts directly addressing this with some suggestions. Like a refresher." When the package was reviewed by the researcher, it was found to contain many useful articles for parents. They related to the following topics:

- talking to teens about sex and sexuality,
- hints for handling discussions where there is disagreement,
- communication tips - facilitators and inhibitors,
- information on anatomy and physiology, and
- information on birth control methods.

The challenge may be one of introducing the resource and how to use it, as opposed to creating a different or better resource.

AREAS OF CONCERN

A number of areas where the COOL program could be strengthened were also identified as a result of the evaluation. It is encouraging that all of the weaknesses that have been detected can be remedied relatively easily without requiring major redesigning of the program. It is worth identifying and remedying each element that needs attention while the program is still in the early stages of development and before it becomes hardened into a less moldable unit.

The following specific areas of concern have been identified:

1. Incomplete information and poor retention of the consequences of intercourse
2. Incomplete information on contraceptive measures
3. Ambiguity of essential vocabulary
4. Ambiguity in concepts of responsible action and "readiness"
5. A weak portrayal of abstinence

It would be useful for the reader to study the following transcript as an introduction to this section. It has been taken from an interview with a teen participant and is interesting because it shows several of the problems to be discussed, and does so in in the context of a single conversation.

Q How did the workshop affect your view of postponing sexual intercourse? Did the program make postponing more important or less important to you?

A It made postponing seem more important.

Q And right now, when do you think you'll postpone it until?

A Until I'm really ready to have sex. Until I'm able to be responsible and prepared to take the consequences.

Q What does it mean to be responsible? Could you say more about that?

A It means to know all about what you're doing and why you're doing it and care about the person.

Q Anything else?

A That's about it.

Q What about commitment? What kind of commitment would you expect?

A We'd have to be going steady, be in love and be able to talk things out really well.

Q Now a few moments ago, you mentioned being able to cope with the consequences. Could you tell about what kinds of consequences you were referring to?

A I was thinking about getting pregnant mainly.

Q What would you do if you got pregnant?

A I'm not sure. I'd like to be able to take care of the baby but if I couldn't, I would give it up for adoption I guess. I would have to decide at the time.

Q Any other consequences?

A Diseases, AIDS. But we'd always use a condom and foam. Stuff with Non-Oxynol 9. That works really well.

Q How effective exactly? Do you remember?

A Over 90%. 95%, I think.

Q Would you feel comfortable with that? Is that good protection?

A 95%? That's really good.

Q Any other consequences?

A That's about it.

1. Incomplete Information on, and Poor Retention of Knowledge of, the Consequences of Intercourse

Though a variety of consequences were mentioned early in the workshop, only knowledge about the physical consequences seemed to be retained by most teen participants. When teens were interviewed or observed during the workshops, and the consequences of intercourse were discussed, it was the physical consequences, usually pregnancy, that were mentioned.

Prevention of STD, especially AIDS, was important to the leaders. This was indicated by comments such as "Our children are dying of AIDS." made by the leaders at the parent workshops. However, both teens and adults expressed disappointment that sexually transmitted diseases (STD) were not dealt with in greater detail, offering comments like "I was disappointed not to get more specific information on STD and AIDS and what's happening with them." in both interviews and questionnaires. Information about the nature of the diseases was handled very briefly and no audio visual materials or special instructional techniques were employed to communicate or reinforce information about these consequences to teens.

The following comment from a teen interview raised a significant issue. "I was hoping for more information about diseases and exactly what should be done to avoid them. Like will a condom protect you or won't it?" Condoms do not offer protection against some STD. Two of these, Human Papilloma Virus (HPV) and Herpes Simplex Virus (HSV), are very common and their impact can be very serious. HSV, for example, has no known cure. Information on them could, potentially, influence a teens decision about sexual involvement.

Teens rarely mentioned mental and emotional preparation for the consequences of early intercourse, and none suggested any psychological or emotional consequences to deal with. Several parents felt that the physical consequences of intercourse were dealt with well but that the emotional consequences were not. Their concerns, along with a suggestion for improvement, can be seen in these comments from the interviews.

> When the kids talked about what they got out of it, they sounded like if they found somebody and their relationship was together, and they felt good about it, then they could (have sex). The physical protection aspects were dealt with adequately, but the emotional damage of early intercourse was not. (parent interview)

> The mechanics and physiology of sex were presented really well, but there needs to be a stronger tie with the emotional. There were some shortcomings there. The link needs to be stronger. I think it was too subtle for them to catch it.

Communication about consequences, other than physical ones, could certainly be improved.

It was positive that teens were encouraged to discuss limits or "stopping points" for physical intimacy before romantic situations developed. The linear progression of physical intimacy was discussed and various stopping points were depicted on the chart "Showing Feelings in Physical Ways." Several things were not clear from the discussion, however. As a parent noted "Relationships don't have to go to sexual involvement. That chart with the kids sitting on the steps, I think, gives the impression that it is the natural evolution of a relationship."

A second concern about the discussion of "limits" was that the limits were not comparatively evaluated with either teens or adults. It was clear that various limits could be chosen, but the relative merit of them as stopping points were not clear. The point was made by a leader in the teen workshop that "the passion component is habit-forming and more is needed to satisfy once one achieves a certain level."

Once the topic of consequences is opened, it becomes necessary to embark on a deeper, more complete exploration to gain sufficient information to make appropriate decisions. Teens were under the impression that they were getting "all the facts" but responses from participants suggest that there were deficiencies in several areas of knowledge.

2. Incomplete Information on Contraceptive Measures

Medical professionals sometimes disagree on the way in which information on contraceptives should be interpreted. To give a complete picture to teens and parents, more information on the variety of interpretations should be presented at the workshops. The following are three examples of where this could have been done.

- the relationship of birth control pills to cancer and pelvic inflamatory disease
- the protection offered by a spermicide (Non-Oxynol 9) against the HIV virus
- the effectiveness of condoms.

"Incomplete" information on the first may not have as serious implications as incomplete information on the other two.

> The pill prevents cancer of the cervix, endometrial cancer and pelvic inflamatory disease. (leader in parent workshop)

This is a possible interpretation of the reference used by the workshop facilitator (Hatcher, 1987. p. 240, 225 and 226). Another interpretation would say that "prevents" is an inappropriate word and that a more accurate description might be "the scientific data do not provide evidence that the pill causes cancer of the cervix, uterus or breast" (Hyde, 1987. p. 161). Cervical cancer also appears to be closely linked to the HPV virus (Hyde, 1987. p. 578) already discussed in this section. Endometrial and breast cancer statistical reports also seem to be equivocal, depending on the population which is used as the standard. Pelvic inflamatory disease (PID) is most often linked to an epidemic STD, Chlamydia.

Non-oxynol 9 (N-9), a spermicide used in some condoms, sponges, spermicidal jellies and foams, was promoted as an effective agent for controlling HIV, the virus which leads to the development of AIDS.

> Make sure you get the (condoms) with Non-Oxynol 9. It has been shown to kill the AIDS virus and improves the effectiveness of the condom and foam to about 97%. (leader at Teen and Parent Workshops)

Not all studies, however, provide support for its use. One in particular, done quite recently with 72 prostitutes, found the following very disturbing result.

> N-9 was associated with a higher incidence of genital ulcers (17% vs 7% for the control group). 46% of N-9 users and 28% of placebo users developed HIV. We have failed to demonstrate efficacy of N-9 use in preventing heterosexual transmission of HIV. (Kreiss, 1989)

This study showed a 25% increase in risk of HIV due, possibly, to the entry path provided by the increased genital ulceration that is associated with the use of Non-oxynol 9.

It is difficult, because of the nature of HIV and research in this area, to determine what importance should be attached to research such as that just cited. The report is also very recent and the facilitator may not have been aware of it. The main idea is that, in cases such as this, "complete" information means stressing the "tentative" nature of information about such products.

More complete information was also required to balance teen impressions of the effectiveness of condoms. Teens generally considered that sex with condoms was safe and consequences were negligible. One respondent stated that "If you're ready, it's your choice but you have to be careful and use a condom. They are about 90% safe. That's pretty safe, I guess" (teen interview). This feeling of security with condoms was generally conveyed by most of the teen respondents.

Medical professionals generally agree that the failure rate for condom use in the adult population is about 10% (Hyde, 1986. p. 194). Failure rates with teens are much more difficult to predict and estimates vary considerably. The program designer used the generally agreed upon rate of 15%. The following information, however, was missing in the presentation.

- That the failure rate is per year. As Hyde (1986) describes, "If 100 women use a contraceptive for one year, the number of them who become pregnant during that year is called the failure rate or pregnancy rate" (p. 160). In other words, of 100 teen girls having intercourse with a male using a condom, 15 would become pregnant after the first year. Theoretically, many more than 15 would be pregnant after two, three and four years.
- The failure rate is for pregnancy and not STD. The small size of viral STD, combined with their ability to be transmitted on 365 of days of the year (versus approximately 50 when fertilization will occur) makes the point worthy of consideration.
- Condoms offer little protection against HPV and HSV. This was discussed in the previous section.

The condom was presented as "the method of choice" to avoid the physical consequences, but the psychological consequences remain unaffected.

> Condoms don't solve the real problems of teen sexual intercourse. They don't address the emotional aspect at all. I know they were trying to cover every contingency, but condoms only reduce the physical jeopardy, not the emotional jeopardy. (parent interview)

When a question was asked about the reality of the condom failure rate a leader replied with an answer that may have confused the issue further. "Yes, there is a failure rate for condoms. It's about 10 or 15% but the failure rate for unprotected sex is 80 or 90% and that's a lot higher." Plainly, unprotected sex is not the only alternative to condom usage. In fairness, however, much of the workshop served to remind teens that they can postpone sexual intercourse if they should want to.

On another occasion, one of the leaders was asked why information such as that described in this section and the previous one was not given to teens. The leader indicated a concern that teens might become discouraged at the complexity and do nothing to increase their safety while having intercourse. This concern does not appear to be substantiated in research literature and is inconsistent with one of the basic principles of the program, that more complete information allows individuals to make better decisions.

3. Inconsistency and Ambiguity of Essential Vocabulary

Some of the problems of incomplete information are compounded when the vocabulary used to discuss the concepts is not clear and consistent. There were considerable variations in the definitions given to several very important words or phrases used in the workshops. Examples were:

- postponing sexual involvement
- abstinence
- love
- commitment
- responsible action
- readiness

The lack of common understanding of this central vocabulary led to a degree of confusion and inability to directly discuss some of the related concepts. This may ultimately be a contributing factor to the level of effectiveness of the program. The transcript at the beginning of the "Areas of Concern" portion of this chapter illustrates some of the confusion.

Postponing sexual involvement. The following phrase is the core of COOL. It is the major purpose of the program and is defined in the program manual.

> This series is designed to assist youth, 13 to 16 years of age, gain factual information and identify and resist pressure and influence to become sexually involved before they are ready and/or able to cope with the consequences. The focus is on developing healthy interpersonal relationships.
> (The Purpose of the Program. Teen Workshop Manual, p. 6)

The phrase "Postponing sexual involvement" was presented at planning meetings and in discussions about the program. It was used because "Abstinence sounds like it's forever, whereas postponing can just be until you are ready and able to cope with the consequences." (leader at Community Information Meeting). Though it was used extensively in planning and discussing the workshops, the phrase "postponing sexual involvement" was used only rarely in the teen workshops themselves. Several teens reported that "(The workshop) is not about postponing. They just give you the facts." One teen that was interviewed qualified this comment saying that "Postponing was mentioned, I think, but contradicted because it's your own choice."

Draft versions of the questionnaire used the phrase extensively because the researcher was not present at the teen workshop to note its degree and none of the stakeholders saw the phrase as a problem. When the questionnaires were being piloted, several participants reacted to the phrase as though it were a foreign concept to them, offering comments such as "What's all that about 'postponing sexual involvement'. That's not what the workshop was about. They just gave you the facts and let you decide."

There was also some confusion about what exactly was being postponed. The documents refer to PSI as postponing sexual involvement, yet sexual involvement in a relationship can mean a lot more than just intercourse. One parent piloting the questionnaire asked "Is one sexually involved when exploring below the waist? What about above the waist? Is one sexual involved when aroused by a fantasy? It seems like humans spend much of their time being sexually involved in one way or another."

In order to eliminate some of the confusion, "postponing sexual intercourse" was used in the questionnaires and interviews for parents and teens. Parents were asked "What does the concept of teens "postponing sexual intercourse" mean to you?" in the questionnaire. Some felt it meant postponing until marriage. Others suggested until one was mature and could take responsibility for one's action. Others specified various minimal conditions such as "until you have the right birth control" or "until the time and right person finds it essential."

It is interesting to note that, of the teens interviewed, the ones who planned on postponing until they were in a life-long, committed relationship had clear goals for a future lifestyle and career. Data are insufficient to establish a trend but this would be consistent with directions taken in curriculum as discussed by Olson (1989) or Kirby (1989).

Abstinence. Two parents mentioned that "When we were all done, we weren't quite sure what abstinence was anymore." "Abstinence" is not mentioned specifically in the purpose or goal statements, but was used frequently in the workshop. Rather than being undefined, however, it was defined in a variety of ways. Clarity in the meaning of abstinence is essential because it was cited regularly as the only sure form of birth control and disease prevention.

One way workshop leaders defined it was "no penis/vagina" contact. Applying this definition, however, may lead one to understand that oral sex and anal sex may qualify as abstinence. This is problematic because these activities carry high risks of disease transmission. Leaders also defined abstinence as "not having intercourse." Again the above problems remain depending on what a teen may conceive "intercourse" to be. In the dictionary sense, "not having intercourse" would imply not having sexual union. That is, not having vaginal, oral or anal sex. Another way abstinence was used by leaders was as "the only 100% sure way to avoid STD and pregnancy." This would certainly eliminate activities such as oral and anal sex.

The information package given to parents provides a confusing definition and success rate (Birth Control Methods - Basic Information for Activity #16). The title is shown as "Abstinence (No Sexual Intercourse)." However, when the effectiveness is being described, it is stated as "almost 100%. Ejaculation outside, but close to the opening of the vagina can still result in pregnancy." This implies that penile activity resulting in ejaculation close to the vagina is abstinence. This again is a high risk activity for transmission of some STD.

Finally, outercourse was also paralleled with abstinence as a safe alternative. Though risk of disease and pregnancy would certainly be reduced by this practice, emotional and psychological implications would still remain.

Love and commitment. Love was used in many explanations but rarely associated with commitment. In the session where teens are giving reasons for having intercourse, "to show love" was listed as a good reason. On several occasions, teen participants used love in a way which really meant infatuation or physical attraction and the opportunity for clarification was not taken. There was one reference made to commitment as one of the components of the love triangle -- passion, commitment and intimacy. This illustration, however, missed the component of selflessness and "doing what is best for the other" that is key to mature love.

When asked "What kind of relationship do you want with someone before you have intercourse with him/her?" only slightly more than half of the teens included a commitment component in their responses. Others felt that they would postpone intercourse only until they were in love, which may or may not include commitment, or going steady or feeling right about intercourse. The standard suggested by most stakeholders was that 80-90% express commitment to see each other through the consequences of sexual intercourse.

The results of the Pre-Post questionnaire, though by no means definitive, indicated that fewer of the respondents saw commitment as a pre-requisite for intercourse. A standard of 10% movement toward increased commitment was set for the five questions which related to this on the Pre-Post questionnaire. In two of the questions there was no change reported and in two other questions there was actually a movement toward a lower requirement for commitment.

This lack of understanding of a need for commitment was also evident in the interviews. One of the more extreme opinions expressed by a teen was "Right now, I wouldn't do it. Maybe in two weeks, or two months, or two years. But not right now."

4. Ambiguity in Concepts of Responsible Action and Readiness

The workshops' strength in promoting "responsible decision making" was rated very highly, yet what was meant by "responsible" varied considerably. During the workshops, "responsible" and "ready" were used very loosely by the leaders and seldom accompanied by any qualifications. It is not surprising that a wide range of definitions of these words was evident among participants. The concern lies in the fact that many of the definitions would not be useful to teens in determining how long they should postpone sexual intercourse.

Over 80% of the teens who responded to the questionnaire said two fourteen-year-olds having sex using condoms were acting in either a reasonably, or totally, responsible way. When asked to explain why the action was or was not responsible, the responses fell into five categories.

- the couple thought about it and talked it out together
- they felt comfortable about it
- they can handle it emotionally and socially
- they are in love and want to, and are able to, take the consequences
- they know the risks and are using condoms, the best protection

Several said they felt they were not ready at this time but, at some point in the near future, they would be. One described the gain that occurs between ages 13 and 15. "At 13, I was not in touch with myself and my feelings. Now, at 15, I feel I am in touch enough to make a decision (about having sex or not)."

> You should try to avoid sex until you and the other are ready. That means you really care and want to show how much you care. You have to know each other well and think it's right. But if you are going to have sex, be prepared.
> (teen interview)

By contrast, only two parents (7% of respondents) thought that the use of condoms qualified the couple's behavior as responsible. The others all said "no", with about a third of them giving some credit for using condoms. Parents said the action was not responsible because the 14 year-olds were:

- just too young
- unable to cope with the consequences
- unable to make that decision
- unaware of the consequences

In real life, the decision to have sex, as opposed to not having sex, begins a series of other complex decisions. It is of concern that this complexity was not presented. The concepts of responsible action and readiness must be clear if a teen is to use them as the criteria for a decision about whether or not to have intercourse.

5. Portrayal of Abstinence

The problem of multiple definitions of abstinence was discussed in a previous section. Of even greater concern is the message which is given to teens by the way in which abstinence is portrayed in the workshops. The following examples illustrate this problem of portrayal.

- Parents were encouraged to purchase condoms for their teens and discuss the condoms with them. Discussion about values was encouraged, but no concrete ideas were given on how to encourage teens in abstinence.
- Condoms and contraceptive products were presented in a fun, exciting, high energy way with plenty of laughter. There were no jokes about abstinence and it was always spoken of in serious, somber tones.
- A special chant was developed to place the idea "No condom, no sex" firmly in the minds of teens. The leader stated the rationale as "I want you to see me and remember this message in every one of your sexual encounters." The leader then walked back and forth across the room, leading the teens in a chant "No condom, No sex, No condom, No sex." No creative sound/sight imagery was used to instill a reminder of an alternative to sex.
- A leader encouraged both teens and parents to eroticize condoms. "You know how some find it erotic to see a woman wearing a flimsy dressing gown or neglige? Maybe it could be the same to see a guy with a condom on." There was no encouragement to make postponing intercourse exciting.
- An emotional appeal was given by a leader at the workshops, pleading with teens to use condoms in their sexual encounters. The leader drew a parallel between a parent's anguish at his/her child not using a condom and the anguish over a child that was harmed because they had been drinking and had been too afraid to call home.

> I would say to them "If you ever do drink, though, please phone me and no matter what time of night, I'll pick you up." I can't imagine anything that would hurt worse, than my kids getting hurt because they were too afraid to call me. (speaker gets emotionally choked up).

The appeal was made for the use of condoms but not for postponing sexual intercourse.

EQUIVOCAL FINDINGS

Some of the findings were not clearly expressed as strengths or weaknesses in the data collected. These are reported here as equivocal findings. Individual readers may consider them strengths or concerns depending on the standard that is applied and what they perceive to be the goals of the program. The following areas were found to be equivocal:

1. Effect on self esteem
2. Appropriateness of values presented
3. Appropriateness of personal disclosure by leaders
4. Sexual involvement intentions or the desire to abstain.

1. Effect on Self Esteem

Self esteem is thought to be a very important component in resisting pressure toward early sexual involvement. The data on the program's effect on this area were generally positive in questionnaires but quite neutral, or of no effect, in the interviews.

During the workshops, the leaders were observed to be continually taking an interest in each individual participant, helping them feel good about themselves and their involvement. Teens gave indication of positive effects on their self esteem in the evaluations completed immediately after the workshop sessions. Another indication of a positive effect was seen in the responses to the item on the created questionnaire. There 89% of teens said the workshop made a difference to their self esteem, but only 10% commented on it as one of the most important differences.

By contrast, a very neutral "no effect" response was obtained from those interviewed. When asked "Have you noticed any difference in your self image or self esteem?" the universal reply was no. Some went on to say it was good before.

2. Appropriateness of the Values Presented

Teens responding to the questionnaire survey generally indicated that the values presented were appropriate. Sixty percent of them saying the values presented were the same as their own. Nearly all of the others fell within the "OK" range.

Parents' responses were more varied. About half said the values presented were more liberal than their own, but only 16% felt they were uncomfortable as a result. The standard was set at 25% for such a response, so it was considered to be only a minor problem.

Several parents offered comments in the questionnaire similar to "Parents with less liberal views need to be encouraged as well." When asked in the interviews about specific concerns, three of the parents gave comments similar to "The workshop tried to take the guilt out of sex but it went too far if they had the same program we had."

3. Appropriateness of Personal Disclosures by Leaders

Several stakeholders were concerned about the effect of the personal disclosures made by leaders during the workshops. The responses from participants varied considerably. Some found it helpful because it made the leaders more believable, while others found it "quite disconcerting," "unnecessary" or in "poor taste."

Few of the teens expressed concern about the personal disclosures through their questionnaire responses. It was noted, however, that 21% were not sure whether the personal disclosures were appropriate or not. When the issue came up in the interviews, teens appeared evenly divided. Several said that "Some of the disclosures by the leaders were unnecessary and unwanted. We didn't really need to know about their affairs and their fantasies." One teen described a specific situation.

> The openness was good but at times maybe it got too open. Some kids were embarrassed by what the leaders said. It turned some off. That's when they got sarcastic - because they were shocked. I think they weren't quite ready for an adult to talk about things like that.

Many of the parents did not think that the disclosures were generally inappropriate. However, 21% felt they were inappropriate on a few occasions and 14% were not sure. About half commented on the disclosure issue in the interviews. Of those that commented, about half felt that, in some instances, the disclosures were inappropriate and detracted from the program.

4. Sexual Involvement

Teen responses to the question "Do you feel as though you are able to postpone sexual intercourse now (handle situations better)?" were encouraging. Seventy nine percent said yes. The majority of teens (69%) also reported that the workshop made postponing seem more important. Though this was not quite to the original standard, set at 75%, it was considered positive because there may have been a high level of motivation originally amongst this group. In another question, the majority of teens reported that the workshop had made no difference to their level of sexual involvement. In the interviews, only three of the teen respondents indicated that the workshop had any effect on their view of sexuality and none indicated any differences in level of involvement.

The questionnaire also probed the "double message" issue of having instruction in contraceptives in the same workshop as instruction in resisting pressures. A small number of respondents said that the "no condom, no sex" message weakened the "postponing sexual intercourse" message and a slightly larger number were not sure. These levels met and exceeded the standard and may indicate a degree of concern is warranted.
The teens interviewed were quite evenly divided as well.

Parents expressed a wide range of views on this topic in the interviews. They were also equivocal in their questionnaire responses with 16% indicating that they felt the message was weakened and another 42% were not sure.

SUMMARY

Areas of Strength

The COOL program has, in most cases, facilitated positive parent/teen communication and relationships by influencing the attitudes, strategies and skills of both adults and teens. Parent/teen talk about issues relating to sexuality occurred in many families but not in all. The overall program effectiveness appears to have been greatest in cases where parents were able to attend the workshops.

The information provided met the general needs of participants, especially in the areas of anatomy and physiology. It also served to dispel many of the myths which participants had in areas related to sexuality and relationships.

The program encouraged respect for members of the opposite sex. Teens became more sensitive to manifestations of disrespect and more motivated to do something positive to improve the situation.

The ability of teens to recognize and resist pressures from peers and partners was enhanced by the program. The communications and assertiveness skills were especially important to teens. Unfortunately, no data were available on the transferability of skills to real life situations involving sexual decision making.

On the whole, sound instructional design was employed. There were a variety of media and techniques employed, including small group activities and role playing. Important to the instructional effectiveness was a very honest, straightforward way of communicating, the use of parents and teens as "peer instructors" and an overall sense of fun. The atmosphere that was created was highly conducive to participant involvement. It was characterized by openness, honesty, trust and respect for one another's views.

Finally, a meaningful follow-up opportunity was provided, even though few of the original participants took part in it. It served to encourage and enlighten those who attended. High quality exchanges occurred, both intra and inter-generationally.

Areas of Concern

Teens were generally under the impression that they had received the complete "package" of information required to make decisions about their sexual expression. One area where information was found to be incomplete was in their understanding of the consequences of intercourse, especially sexually transmitted diseases and psychological consequences.

Another area where incomplete information was given was related to contraceptive measures and, in particular, effectiveness of condoms. It is recognized that obtaining all the facts is a very difficult undertaking in this very complex field, but it is also very important to have the facts to make good decisions. It must be stressed that the information provided in the session may not be complete, that it is constantly changing as new discoveries are made and that there may be side effects to technologies which are not yet known.

Ambiguity in certain key words and concepts was also a concern. The concepts of love, commitment, abstinence and postponing sexual involvement were especially vague for teens. The illusion of complete information and the confusion of terminology appeared to be blocking some from confronting the difficult issues of sexual involvement.

There seemed to be considerable ambiguity in teen concepts of what constituted responsible action and "readiness" for sexual involvement. Many participants had a very limited view of these concepts, partially due to limited views of consequences and ambiguity in language. Very few responded in terms of their futures when discussing their concepts of readiness or responsible action.

Abstinence was portrayed in a relatively neutral way. Few of the highly effective instructional strategies used in teaching other concepts in the program were used when referring to abstinence.

Equivocal Findings

It is important to note that most areas described as strengths or concerns were not completely strong or completely weak but had occasional contradictions. Areas that were categorized as equivocal had data indicating strong and weak points that were relatively balanced.

The effect of the program on self-esteem was variable. Most teens reported reasonably high self esteem before the workshop. There may have been a temporary boost from the workshops that faded with time. This, like other areas, depends a great deal on the baseline level, the family environment, peers interactions, other events in the lives, etc.

The majority of teens found the values presented at the workshop to be appropriate, whereas parents more often expressed concern about this. Some participants found the personal disclosure of the leaders to be helpful, while others found it unnecessary or confusing.

The sexual involvement levels and intentions of teens appear to have changed little as a result of the workshop. In general, teens felt as though they were able to postpone but there does not appear to be an increased desire for many to do so.

Chapter VI

IMPLICATIONS AND RECOMMENDATIONS

COOL had an impact on every individual that participated though, in some instances, the impact was small and/or only in one of the many areas the program addressed. Even those with the strongest criticisms were able to find significant merit in the program. In light of the data gathered through observations, questionnaires, interviews, document analysis and literature review, it is recommended that the program continue but that those responsible for the design, delivery and administration of the program seriously consider the implications of the data and make changes as required. Any modifications to the program should serve to accomplish the following:

- consolidate the strengths of this, basically, sound program,
- eliminate the weaknesses in it, and/or
- adjust areas in which discrepancies in response exist

The following implications, recommendations and questions for consideration are a synthesis of contributions from the stakeholders, the researcher and the participants. They should serve as a guide to those making modifications but have, in many cases, been left open-ended to encourage individuals to develop the ideas further. The reader may find that other questions arise and he/she may wish to add them as well. They are organized according to four categories of program operations seen operating in this version of COOL.

- Program Design
- Program Delivery
- Program Administration
- Program Support

PROGRAM DESIGN

1. Consolidate the strength COOL has in providing information and dispelling myths by including more information about STD, contraceptive failure and side effects, and psychological consequences of intercourse.

- How can the most complete information be given without creating the illusion that what is received at the workshop is the "complete package" required to make a sexual decision?
- How can discouraging information, such as that about the failure rate of condoms, be presented in a way that teens will be motivated rather than depressed by it?

2. Build on the strength COOL has in enhancing positive parent/teen communication by actively extending it to the area of sexuality.

- How could the program be organized to permit teens and parents to come together in the basic workshop?
- How could reinforcement take place after the workshop? What structure would be necessary?
- A parent that was interviewed asked "Could time be provided for parents to practise in pairs, role playing discussions about various aspects of sexuality as though they were talking with their teens?"

A significant portion of the time is spent in large group, lecture/interaction type activities. Several participants suggested that the facility and staff could accommodate both teens and parents at the same time, though in different rooms. This appears to be a practical suggestion for the second evening if some minor adjustments were made to the schedule.

3. Refine the meanings of key words such as abstinence, love, intimacy, responsible action and commitment.

- How can these concepts be clarified to the point where both teens and parents can use them to honestly reflect the issues surrounding sexual involvement?
- How can teens discover that language can act to either promote or inhibit thought in this and any complex area?
- How can participants be involved in a process of refining definitions of the words above, and then personalizing these definitions?
- How can teen and parent leaders be trained to help individuals confront these realities?

Activities suggested by Olson and Wallace (1982) may provide starting points.

4. Clarify the concept of "readiness" and the components of it.

- Can one be ready to consider the consequences and yet not ready to accept the consequences?
- Is there a pressure in our culture to always be "ready" for, or working toward, the "next stage?" (e.g., to be ready to go with someone, to wear makeup, to drive, to go steady, to drink, to have intercourse, etc.)
- Should a different word be used because of variation in "degrees of readiness"?
- Are the characteristics of someone who is "ready" different from someone who "takes responsibility" for consequences?
- How can the program deepen understanding and enable teens to go beyond the rhetoric, the euphemisms, the "line" which adults want to hear?

Some examples may be found in the materials produced by Mast (1986).

5. Consolidate the ties between readiness, responsibility, commitment and consequences. Make the connections as concrete as possible.

- How do these relate to pregnancy? STD? Psychological impact?
- How can consequences such as STD and psychological impact, that are difficult to see, be made sufficiently realistic to teens that they can grasp their significance?
- How could teens experience the consequences of a child, a disease and psychological turmoil in a more concrete way than just talking about it?
- How could teens be encouraged to develop a vision of hope for their future in which long-term consequences have a context?
- What are the limitations of various "limits?" How can the rise of passion's effect on judgment be depicted visually?

In an interview, a parent stated "The real possibility of condom failure needs to be demonstrated dramatically. I don't know how you do it but you need to work on the explanation."

- How can the chance of condom failure be dramatized? A roulette wheel?
- What suggestions could performing artists, experienced in catalyzing thought and involving participants, offer to this area of program design?

Examples of techniques can be found in the materials produced by Olson and Wallace (1982), Wilson (1987), and Mast (1986). Two parents also had suggestions. One proposed having "an unwed mom, someone from Birthright or Terra in to talk to the kids about how hard it was for them. Maybe there's a young father who would come along too." Another suggested that "Maybe there is someone who is sterile because of chlamydia, who really wants kids now, who could come and talk to the teens."

6. Modify the portrayal of abstinence.

- How can abstinence be even further normalized and shown to be exciting, valuable and desirable?
- Teen leaders agree to abstain for as long as they are involved with the program. How can this and other positive examples be made known? What other "teen heroes" can be enlisted to validate and normalize this behavior?
- How can abstinence be described in terms of what it is, rather than what it is not? That is, what it permits rather than what it prohibits.
- Can it be shown as a path off the physical intimacy funnel, and toward a deeper, more rewarding relationship?
- Are there other words that could be used instead of abstinence, such as "virginity" and "secondary virginity?" An acronym? Could teens brainstorm for one? Is PSI still workable?

See Mast (1986) for examples.

7. Include pre-workshop and post-workshop activities that will increase contact time and and reinforce important concepts, skills and attitudes.

"Time" was often cited by stakeholders and participants as a limitation to further development of the concepts of the workshop. Though it was not considered a direct area of concern for the program as implemented, extra time will be required to accommodate the suggested improvements and achieve the goals of the program.

- What media would be most appropriate? Would video be useful?
- How could clarity in language be reinforced by these activities?
- What advice would teens and parents have to improve the resource package?
- Could a component of the resource package be sent to participants at intervals afterward to act as a reinforcer?

Olson and Wallace (1982) and Mast (1986) have examples of print materials. A video example has been used by Howard (1985).

Extending the time is part of the remedy for a larger problem with the workshop format. A leader at the parent workshop put the program in perspective when she said "We aren't naive enough to think we will make a big change through this one workshop but, hopefully, it will start the ball rolling." This view is in agreement with research in the areas of implementing change. Single workshops of one or two days duration have not been shown to be effective in achieving continuation of a change. Fullan (1982) supports Rosenblum and Louis (1979) in the assertion that "One shot workshops prior to and even during implementation are not very helpful" (Fullan, 1982. p. 66). Dawson (1978) also states that one-time sessions are of little value.

> The only situation where such sessions can be justified is where they are a kickoff for an on-going program of in-service training in which participants will have opportunity to meet again and again to build and expand on the thrusts provided during the one shot session. (p. 56)

It should be remembered that the workshops function best as a catalyst. The program's impact will be closely related to the appropriateness of the follow-up components for the individual participants.

Fullan relates the process of implementing a change to a process of resocialization which must occur.

> Implementation, whether it is voluntary or imposed, is none other than a process of resocialization. The foundation of resocialization is interaction. Learning by doing, concrete role models, meetings with resource consultants and fellow implementers, practice of the behavior, the fits and starts of gradual, ambivalent, gradual self-confidence all constitute a process of coming to see the meaning of change more clearly. Once this is said, examples of successful training make sense. They are effective when they combine concrete training activities, ongoing continuous assistance and support during the process of implementation, and regular meeting with peers and others. (p. 67)

If the purpose and goals of the program are to be achieved, teen and parents will have to talk, think, and act in new ways. Ongoing, continuous support is necessary for this transformation to occur.

8. Redefine and consolidate program goals.

- How can the goals expressed in the manual, the information sheets and in verbal form be integrated and made to be consistent?
- Can a rationale for each of the activities and approaches be created at the same time? It would be helpful for all to know the assumptions which guide each of the activities. The evaluation proposal by Weed and Olsen (1988) has examples.
- Which goals and activities could be modified to suit local needs and conditions?
- Are there too many goals?
- How seriously should teens be taking abstinence, the stated "bottom line" of the program? That is, are they just to recognize and resist pressures so they don't default to sexual involvement or is it desirable that they become more "agentive" or pro-active in choosing?

Olson and Wallace (1982) provide several ideas in this area.

PROGRAM DELIVERY

As the Facilitator Training Manual says "The teacher or leader of a sexuality education is probably the most important factor in determining the success of the program." The individuals who delivered the program had many strengths. They were well informed and articulate as well as honest, straight-forward and accepting. These strengths, like the others described, should continue to be emphasized and developed.

Deliverers should carefully consider their role in conveying and enhancing the general design and the changes suggested. For example, conscious efforts should be made and maintained to combat the illusion of complete information which participants tend to develop. Similar efforts will be required to watch for and resolve the ambiguity in vocabulary and concepts such as abstinence, love, commitment, intimacy, responsible actions and readiness. Program leaders should have a clear concept themselves, have consensus as a team and be aware of how participants are reacting during program activities.

It is very important that the concepts, which are often quite abstract, be presented in concrete and personal ways. If one assumes all participants are concrete learners, those who are will not be missed. Those who learn more easily through visual means, as opposed to auditory, would likely appreciate increased use of visual aids such as lists, posters, charts and visible analogies to help organize and reinforce information. A concrete, visual approach was applied successfully in the relationship analogies. This could be applied to illustrate other abstract concepts such as the merit of various "stopping points" or the many factors in a decision making process.

Finally, it is important that program deliverers recognize the key role they play in adapting the program to the individuals in a local community setting. In order to accommodate the special needs and desires of a particular community, these needs and desires need to be uncovered and understood. Close coordination with the local administrator appears to be an essential feature of the process.

LOCAL ADMINISTRATION

In general, a very good job was done in administering this complex program. Attention to the following items is recommended for future implementations of this or other sexuality education programs aimed at teens and parents.

1. Continue to work toward a "community development" and "community involvement" model.

Progress in this area has been made and potential contributors in the communities are just beginning to develop a sense of how they could best be involved. The data gathered indicates that future plans, which make greater use of these resources and avenues in the community, should be well received.

- How can potential contributors and stakeholders be integrated in the process of setting goals and developing a functional plan for the community?
- Can community meetings be used to gather feedback from capable community people rather than simply give information to them?
- How can such feedback be incorporated to improve the "community development and team spirit components of the program?
- Is the participation of religious leaders important? How cold it be facilitated?

One pastor offered the following comment.

> I would appreciate an opportunity to give input into the design of such a program. I would like to be involved, especially in the early discussions - emphasizing an importance on teens thinking about such questions as Who am I? What is my purpose for living? How should that affect my actions?

In hindsight, many expressed interest in being involved in a deeper way. Two also wished to explore the option of a similar program being offered by a local church and tailored to the concerns of their members.

> We would be most interested in having a program like this, though with several significant changes, run in our church, where we could have input into the development of the concepts and would be able to relate them to our spiritual point of view. (pastor interview)

- How can the leadership and resources available in teens and parents who have participated in the program be channelled and developed?

Many indicated a willingness to contribute to COOL in the future. Not all wished to be workshop leaders and several suggested they could assist as promoters, artists, writers, telephone coordinators or cooks. In addition to improving the areas in which they would work, they would serve as role models and reinforce the concepts of the program.

2. Secure the attendance of teens.

Many individuals registered but did not attend. Several did not return for the second day of the workshop. Those interviewed cited hazardous road conditions and the fact that it was Sunday morning and several went to church. Could the program schedule be modified to avoid church? Could video or other creative methods be employed to cover these contingencies?

Very few teens or adults came to the Impact Study. Attendance at this worthwhile program component could likely be improved through communication, reminding people that the meeting will be held and that it is important that parents and teens come. Four of the families that were interviewed offered comments similar to "We didn't know about the (Impact Study) in February. Anyone involved in the workshops would have loved to be there. There needs to be a better way of letting people know about that."

3. Secure the attendance and commitment of parents, especially fathers.

Most teens and parents stressed the importance of parents attending their workshops. When asked "What would have helped more parents to attend the meetings?" the top three suggestions were:

- more information about the program
- clearer idea about the purpose and goals
- more personal contact

Consider novel suggestions such as "Charge the family $20. Give a portion of the fee back, say $5 if a parent came or loan a video tape of highlights to those parents who didn't turn up." (parent interview). Others suggested rotating the workshops between the three communities, but inviting parents from all, or holding the program at different times as ways of increasing parents' access to the program.

How can more fathers benefit from COOL? The ratio of females to males at the parent workshops was 2:1. Special efforts will probably be required to attract fathers but, judging from teen questionnaire and interview responses, such efforts would be well worth expending. Information from questionnaires and interviews indicates that the relationships and communication teens have with their fathers is generally poorer than that which they have with their mothers. Those fathers who did become involved, however, found the workshops to be rewarding and suggested that significant improvements were made in their relationships with their teens as a result.

4. Continue to try to attract those individuals and families who really need the help and support.

In the opinion of the participants, a substantial number of those who really need the help would attend this program if they were approached appropriately as individuals and provided with a clear idea of the potential for growth which the program offers. This program, however, cannot be expected to respond to all of the needs for sexuality education in the community. Participants suggested making use of video recordings, personal/informal calls and offers for assistance from peers as means to reach those parents and teens who cannot or would not attend. Contact through peers and/or the peer support mechanism in schools stood out among the wide range of ideas supplied.

5. Continue the "Impact Study" but also employ other means of follow-up.

Though basic enrollment is a first step, follow-up and reinforcement appears to be very important to achieving the goals of the program. Follow-up may take a wide variety of formats and need not necessarily be costly or require outside resource people. Participants suggested that the following resources would be helpful.

- another shorter program for parents and teens
- trained people in the community who are available to call on
- parent or teen support groups meeting informally

One parent suggested that a periodic newsletter to alumni would help to keep people moving toward the goals of the program.

> You could put in updated information, encouragement and ways to spread the word and make a difference. It could be like a reinforcement for postponing, you could put in a bit about values and remind them of the future. All the articles could be done by teens and parents. You could include some information on the evaluation and even a survey occasionally. Keep people in touch. (parent interview)

As another example, some families described the importance of their "table talk" during meals. One parent suggested including several discussion openers printed on paper place-mats with the resource package.

Keep in mind that helping people change is difficult and takes much time and enery.

6. Continue to enlist the service of some outside resource people.

The questionnaire results and most teens and adults interviewed saw this as important to achieve the openness required. However, use of outside help exclusively may prove too expensive to maintain.

Can the openness be achieved in other ways? Could local resource people do much of the program, as long as access to an outsider was provided at some point? "Outside" resource people may, eventually, be obtained by sharing trained leaders between the neighboring communities.

7. Continue to place importance on evaluation and continually improving the approach used in the program.

If several workshops were to be set up within a given year, it might be possible to set up quasi-experimental conditions to test the effectiveness of modified approaches on student knowledge, skills and attitudes.

Long term evaluation of program effectiveness is most desirable. One parent had a suggested a low-cost, periodic feedback from participants. "Send out a postcard - maybe at six month intervals. Just put four or five questions on to get an idea if the kids are still (postponing), what the challenges are, how they are coping, etc." A comprehensive assessment using a variety of ways of collecting data, including questionnaires, outside observers, Impact Study analysis, etc, would also be useful after about three years.

8. Consider offering a sexuality education program, focusing on developing quality relationships, to parents of younger children.

This recommendation does not arise directly from the data which was sought, but is placed here on the request of several parent participants. Many parents and teens indicated that their relationships were either good or poor in the present because of patterns set in the past. They pointed to the need to develop quality parent/teen relationships earlier if parents were to act as primary sexuality educators for teens entering adolescence

PROGRAM AND PEER SUPPORT

This section is addressed specifically to teens and parents who have participated in COOL. They are key stakeholders but can also play a central role in extending the concepts of the program to others. Such extension could have a very significant effect on the program and its effectiveness in the future. A few possible avenues of support are provided below, but the list should be further developed with those individuals and tailored to their specific talents, skills and aspirations.

- What could you do to help secure the commitment and attendance of participants, especially parents, and especially fathers at each of the meetings?
- Would you be interested in becoming a peer instructor?
- Could you act on a one-on-one basis to support and assist those who are struggling with the concepts and their application?
- Can you lead through demonstrating by your example?
- What feedback could you provide that would help to improve COOL?

Without the support of local teens and adults, COOL is just another good program. As "the peers" and "the community" you interact daily with your neighbors and are in the best position to influence people positively, thereby "making a difference" in the long term.

Chapter VII

DISCUSSION AND CONCLUSION

This chapter begins with a summary of the entire study. This is followed by a series of reflections on the methodology and recommendations for further research. A personal statement from the researcher concludes the chapter.

SUMMARY OF THE STUDY

The purpose of this study was to evaluate a sexuality education program "It's COOL to Know Your Way in a Relationship" (COOL) as it was implemented with 42 teens and 40 parents from three communities in rural Alberta. In order to do so, answers to the following general questions were sought:

1. What are the issues, considerations and concerns raised by the stakeholder audience?
2. How was the program designed and implemented?
3. What effects, if any, did the program have on the participants?
4. How can the approach be improved for future programs of this kind?

According to research literature, the COOL program had several features which are frequently associated with increased effectiveness. These included the involvement of parents, the use of peer instructors, a focus on relationships, emphasis on abstinence (or postponing sexual intercourse) as well as contraception, and a community based or community development approach. COOL was growing in popularity in Alberta and very positive claims were made about its effectiveness.

Evaluations of sexuality education programs in Alberta or Canada, either process or outcome oriented, are rare. This evaluation was naturalistic in approach. It was conducted while the program occurred naturally, without constraints, manipulation or control. As far as possible, the investigation was designed to be responsive to the needs of the program's stakeholders. Stakeholders were defined as those who had direct influence over the program or were directly influenced by it. The issues, concerns and problems raised by them became the major foci of the investigation. Input from stakeholders was sought at several stages in the evaluation process. They were involved in setting the research questions and design, refining research instruments, setting standards, uncovering implications of the data and generating recommendations.

Data were collected through a combination of qualitative and quantitative techniques including observations of the various program components, a pre/post questionnaire, questionnaires generated from stakeholder comments, interviews with teen and parent participants, interviews with non-participants and interested parties in the community, and through analysis of program documents and video-recordings. A condensed description of the COOL program "as observed" was provided. Major findings were reported under the categories of Areas of Strength, Areas of Concern and Equivocal Findings.

The program was found to have facilitated positive parent/teen communication and to have provided much information of use to both parent and teen participants. It also encouraged respect for members of the opposite sex and enhanced the ability of teens to recognize and resist pressures from peers and partners. The use of sound instructional design, the creation of an atmosphere highly conducive to participant involvement and the provision of a meaningful follow-up opportunity were also seen as areas of strength.

The low level of understanding participants had of the consequences of sexual involvement other than pregnancy and the issues surrounding the effectiveness of contraceptives were identified as areas of concern. Ambiguity in key concepts such as love, commitment, intimacy, abstinence and postponing was also seen as an area of concern. The illusion of complete information and the confusion of terminology appeared to hinder participants from confronting and resolving essential issues in sexual involvement. A final area of concern was the manner in which abstinence was portrayed.

In some cases, available data identified an area as both a strength and a weakness. These findings were listed as equivocal and included the appropriateness of the values presented and the effect of the program on self-esteem. The sexual expression intentions of teens appeared to have changed little as a result of the workshop.

A summary of implications and recommendations was presented to assist those responsible for the program to consolidate the areas of strength in the program while attending to those areas identified as concerns or equivocal. The recommendations, most of which were presented along with important "questions for consideration", included items of interest to those responsible for program design and delivery, as well as those responsible for program administration and volunteer support.

An oral report on the findings, implications and recommendations was presented to stakeholders for their input. Their feedback was included in the draft version of the thesis chapters which were, again, circulated through stakeholders for their information and to act as a check on accuracy and fairness of presentation. Feedback from stakeholders indicated that all of the recommendations have been understood and acted on in some way.

REFLECTIONS ON THE EVALUATION PROCESS

These thoughts are categorized under 5 headings:

- The Responsive Approach and Sexuality Education Evaluation
- Illumination and Change
- Interactions With and Between Stakeholders
- Flexibility: Opportunities and Challenges
- Improvements to the Process

The Responsive Approach and Sexuality Education Evaluation

The naturalistic, responsive approach seemed to be well suited to the evaluation of this sexuality education program. It related well to two key determinants: the way in which individuals learn about sexuality and the context in which the program was implemented.

Learning about sexuality. The process by which an individual comes to understand about sexuality, recognize its influence and manage it, is complex and unique to each person. It is affected by a myriad of physical, psychological and social factors. The way in which one individual is affected by a particular learning situation may be quite different from the way another is affected. It was considered important to recognize these different experiences and to allow individuals to expand on the reasons behind their reactions to the program. The COOL program also recognized that much of an individual's direct and indirect learning about sexuality occurs within the family setting. Attempts were made to reflect this central role of the family in the evaluation methodology as well.

The context in which the program was implemented. Though learning is unique to each person, programs are offered to groups. The primary audience of the evaluation, the stakeholders, was interested in the general reactions of the groups. It was, therefore, necessary to use a wide variety of techniques and gather data from a wide variety of sources to synthesize the groups reactions. It was anticipated that unanimity would not be found in all areas and this would simply be accepted and reported.

Complex and often conflicting forces acted on those who implemented the program. They were motivated by an urgent need to help teens and adults develop new strategies to cope in a very difficult area but were, at the same time, constrained by ethical, political, informational, economic and community factors. These factors could not be manipulated by the researcher but they could be recognized and documented. Being "naturalistic" was important in the evaluation, in the sense that the program was studied "as it occurred naturally, without constraining, manipulating or controlling it" (Worthen & Sanders, 1987. p. 139).

Illumination and Change

Stakeholder involvement definitely facilitated the illuminative function (Parlett & Hamilton, 1976) of the evaluation and, according to the words and actions of program personnel, helped to increase the usefulness of the results. Several reported a deeper understanding of COOL, its problems and its potential, as a result of their involvement in the evaluation process. With the intent to transfer responsibility for the program to local stakeholders as soon as possible, it is important that these individuals be intimately involved with the development of the program. The evaluation provided an opportunity to begin that process.

It is encouraging that nearly all of the recommendations have been acted upon and incorporated into the redesign of the program for subsequent offerings. The evaluation has become a catalyst for change.

Interactions With and Between Stakeholders

One of the most exciting things about this phase was to witness the enthusiasm and interest growing in many of the stakeholders. The repeated contacts for clarification and validation did not seem to bother them. In general, they exhibited very positive attitudes toward this project and most seemed to have a genuine concern for teens. After the early interviews with each of them, I expressed my appreciation for their cooperation and assistance. Many responded in words similar to "We don't mind taking the time because this work is important and because we care for teens and their parents."

Although the stakeholders seemed generally eager and willing to participate, it soon became apparent that it was not practical to expect the same level of involvement from each of them. Individual stakeholder participation seemed to vary over the course of the study, often for good reasons such as health, work load and areas of expertise. One representative who was deeply involved at the beginning of the study was hardly involved toward the end. Similarly, one representative who was marginally involved in the early phases gave very insightful comments during the implications phase. Though individual involvement was inconsistent, the overall process seemed to function very well.

One challenge that presented itself was that of being an "insider" and an "outsider" at the same time. There was a constant balancing function required between getting close to, and keeping distance from, the stakeholders involved with the project. Tremendous rapport developed between many of these individuals. We cooperated and helped each other overcome various administrative hurdles and even , on occasion, shared each others' joys and sorrows. A high level of confidence was important to allow individuals to share their deepest concerns and uncover the most basic underlying issues.

At the same time, one must remain at a distance in order to see the issues affecting the program as a whole. Maintaining objectivity is a challenge and a potential problem associated with the responsive evaluation design. In this study, I attempted to increase objectivity by involving a comprehensive group of stakeholders with diverse values and interests. They had freedom to question and critique the instruments of data collection, the interpretation and presentation of the data. Each was at liberty to both suggest and challenge implications and recommendations suggested by the researcher and other stakeholders. Ultimately, however, the overriding criterion which was used in determining whether to report or present material was whether the data gathered in the study supported such action.

It appears as though greater respect and better communications have developed between stakeholders. However, this was not measured formally and the role which the evaluation played in this is uncertain. Some misunderstandings that caused breakdown earlier were cleared and the "team spirit" was restored. A community development type of program, like COOL, depends on good communication between stakeholders. The evaluation may have been important in maintaining the momentum for these goals of the program, especially in building a community network or "team."

In general, it was useful to learn about the formal and informal power arrangements within the organizations and communities. It was also important that stakeholders had opportunities to review the "second-last draft" of both the questionnaire instruments and the final report. They had opportunity to give their reactions and suggest corrections privately. The researcher reflected on these suggestions and adjusted wordings to ensure accuracy while maintaining sensitivity to the perspectives of individuals. It was found to be possible to do both.

Flexibility: Opportunities and Challenges

Lincoln and Guba (1985) discuss the flexibility afforded by the responsive model of evaluation.

> Responsive evaluation can be interpreted to include all other models. Evaluation models as we have used that term, are differentiated on the basis of their organizers. The organizer of the responsive model is audience concerns and issues. If some audience wants to see information relating to the achievement of objectives, that is admissible with the responsive rubric. If another audience wishes to influence or service decisions, assess general effects, or elicit critical judgments, that too can be provided for within the responsive model. The responsive model can accommodate any organizer, while other models can accommodate only the organizer on which they are based. The resulting flexibility gives the responsive model power beyond that of any of its competitors. (p. 38)

It is certainly broad enough to accommodate both qualitative and quantitative approaches, and flexible enough to accommodate emergent designs which can evolve to meet the needs. As such, it provided the researcher with freedom to investigate the areas which were in need of investigation using the most suitable instruments available. Both description and judgement were emphasized, though responsibilities in judging were shared with stakeholders. The researcher was able to explore the range of experiences which participants had with the program, but also had to be careful to avoid weighting the unusual findings too heavily in the presentation.

The flexibility of the approach made it challenging to bring closure to some phases. There was always more refining that could have occurred and more feedback that would have been useful. The researcher was forced to weigh the importance of various aspects of the data collection and to impose limits on the time and money that would be spent to accomplish the task. It was difficult, but often necessary, to compromise between achieving the best possible product, having the most satisfied clients and getting the job done in time for the results to be of use.

Improvements to the Process

There were several points in the evaluation process where the optimum course could not be pursued. Time available to the researcher and stakeholders provided a major limitation, but ethical considerations and financial resources also played significant roles. The following is a summary of specific areas that the researcher would have approached differently if it were not for such constraints. It may be helpful to another researcher to be aware of these considerations if he/she contemplates undertaking a similar kind of evaluation in a different context.

Pre-program activities. Various means should have been used to establish baseline measures of family communication, self-esteem, future orientation, locus of control, etc. before the workshop. This would have helped to make claims regarding the effect of the workshop more credible. Such information on the population from which the workshop participants are drawn would have made it possible to describe the characteristics of the individuals involved and assisted the audience to assess the applicability of the program and the evaluation in another context.

Attempts were made to gather statements of intended outcomes in advance, but further refining of the goals of the program, as perceived by the various stakeholders, ahead of the implementation would have been useful for the stakeholders as well as the evaluator.

The format for presentation of the results should have been discussed in greater detail ahead of time. In this study, the initial plan was to simply answer the questions put forward by stakeholders. As the investigation progressed, it became clear that reporting on areas of strength and weakness in the program would be preferable.

Related to this was the challenge of agreeing on standards for what constitutes success in various areas of the program. It is easier to construct standards when one is using quantitative measures, but such standards do not necessarily have greater status than the statements of general direction developed for qualitative data.

Finally, a diary of the entire project would have been worthwhile. In this case, one was begun but abandoned early on in the project, partly due to competition from keeping diaries in three courses at the same time and partly due to a perceived overlap with other records of information.

The workshops. It would have been best to observe the same version of the teen workshop as was being evaluated. This would have eliminated the need to triangulate and rely on the memories of others for comparisons with another version of the workshop.

The video recording of a portion of the workshop was very useful. Several points were clarified through use of the video record that was made of a portion of the workshop. The issues became clearer as the research progressed and such a record of the entire workshop would have been handy to refer to if it would have been available.

It would have been valuable to have another person, preferably a subject area expert, make observations at the same time. This would have allowed some comparison of perceptions, sharing of tasks, more detailed analysis of the activities as well as a third party with which to discuss data gathered from interviews, questionnaires and documents. Such an individual could also have assisted in generating possible implications and recommendations from the data or provided a "peer review" or audit of the findings.

Questionnaires and interviews. Much was gained by pilot testing the questionnaires and interviews. Further piloting and refining would have been useful, but was impossible due to time constraints. Standardized wording of questionnaire items in the pre-post and stakeholder questionnaires would have enabled a six month check on changes in knowledge, attitude and behavior that would have been directly comparable to the immediate results of the post test. The questionnaires could also have gathered participants' notions of strengths and weaknesses more directly as the interview questions did.

Data on the side effects of the program and effects noted by non-participants were difficult to gather but would be, potentially, quite valuable to know about. More extensive triangulation with parents, teachers and peers could have been conducted, but one wonders if it would be worthwhile in this application. A larger, well advertised "public hearing" might have been a useful follow-up to the informal "coffee party."

IMPLICATIONS FOR FURTHER RESEARCH

Several areas for further research are suggested by the findings from this study.

Case study, ethnographic research would be useful to gain further understanding of how individuals interpret messages from the variety of sexuality education sources that an individual encounters over a period of time. That this would be an interesting and important pursuit became clear during the process of the interviews and follow-up calls. Individuals reacted to various parts of the program in different ways because of the personal background they brought with them to the program. Much of this information was not included in the formal report of the findings, however, for two major reasons. Firstly, it occupied too much space in the presentation relative to its importance in the overall evaluation. Secondly, portraying the individuals' situations in a rich and worthwhile way was nearly impossible without exposing the identity of those who provided the information. Case studies would be valuable to the field of sexuality education but, because of the added complexity, may be more easily done independently of a program evaluation.

In conjunction with this, it would be interesting to study the growth in thought processes and the use and influence of language in relation to these thought processes. It would be useful to determine the extent to which language hides meaning, influences judgement and obscures values in decision making.

Certainly, gathering long term data on knowledge, attitude and behavior is highly desirable and could start immediately with follow-up on individual participants at annual intervals. The definition of outcomes could be broad and include changes in peer attitudes and community involvement.

It would be very interesting to follow-up this study with a survey of stakeholders to determine the extent to which certain feelings are present. Greene (1988), in a responsive evaluation of unemployment and day-care programs, documented benefits which stakeholders reported from their participation. These were organized into three dimensions:

- Cognitive: having the opportunity to discuss, reflect, analyze, etc..
- Affective: the good feeling that people get from being able to help and contribute.
- Political: the less powerful receiving a voice.

Stakeholders in her study reported a great sense of ownership, responsibility, and obligation for following through. It is not surprising that they perceived the results as valid, credible, legitimate, and persuasive.

The "double message" issue should be further investigated. The question "Does instructing on contraceptives and abstinence in the same program cause abstinence to be perceived as less important?" remains an open one. Further study could also determine what level, if any, of despair results from receiving complete information on contraceptives and possible consequences, and what techniques can be employed to eliminate any such effect.

It would be interesting to learn more about the effects of using a variety of approaches such as developing a future orientation or enhancing life options on sexual expression intentions and to monitor these intentions over time. In that "enhancing life options" is a task shared by families, community agencies and organizations, such a study would have to involve these individuals as well as the participants.

Further investigation of in-service training needs of teachers instructing in the field of sexuality education needs to be undertaken. Though these findings have not been reported in this thesis, teachers interviewed in this study generally voiced a need to meet with others in the field and develop their philosophy, knowledge, skills and approaches in this area. An area of emphasis could be on developing an effective partnership between parents and school, and appropriate relationships with community agencies and organizations.

Finally, findings from this study suggest that much of the parent/teen communication pattern may be set by the time teens are in Junior High. Further research needs to be conducted to determine whether or not this is the case and what, if any, benefits are possible from sexuality and communication education with parents of younger children.

MAKING A DIFFERENCE

It is recognized that improvements in the program have occurred since the workshops were held seven months ago. Students who attended the workshops being evaluated as well as a workshop held more recently in another community said "It was a bit like they were practising with us. They learned a lot and did better this time." The organizers of this program have been sincerely dedicated to trying to "make a difference." They have continually tested out the best ideas available, reflected on the results, received feedback from others and adapted their approach. The attitudes presented by those involved with this study have, in almost all cases, been an inspiration to me.

There appears to be tremendous potential for cooperative programs and program evaluations to succeed and truly "make a difference" in sexuality education. It takes a great deal of time and energy, but I believe the long term results will make it worthwhile.

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APPENDIX 1

Teen and Parent Questionnaires Created in Response to Stakeholder Interests

The COOL Program Evaluation Project

To Parents and Teens:

As you will recall, about 50 teens and their parents attended a workshop on relationships and sexuality last December called "It's Cool to Know Your Way in a Relationship" (COOL). You may or may not be aware that a detailed evaluation of the program is currently being conducted. This letter is being sent to make you aware of the evaluation project and to ask for your help.

Sexuality education programs are offered in virtually every community, but relatively little is known about how these programs affect the individuals who receive them. It is hoped that this evaluation will help to make COOL, and other similar programs, more appropriate and effective. At the same time, this project will serve as my graduate thesis research at the University of Alberta.

In order to get the information that is required, however, I will need your help:

1. To carefully complete the questionnaires. Both parents and teens are key participants in this program. We need to know the "good news" and the "bad news" from both of them. I have enclosed two copies of a questionnaire for the parents and one for the teen. All information is strictly confidential.

2. To provide permission by completing the enclosed form. It is hoped that all 50 teens who took the program will complete a questionnaire as well. It is necessary for both teens and parents to give their permission for this. (Theirs is quite similar to the one that parents get.)

3. To participate in a family interview. Six families that participated in the COOL workshops will be interviewed to learn more about how they received the program. These interviews could be conducted right in the home or wherever the family prefers. I ask that you please consider participating in this phase as well, and show your consent on the same form.

Great care will be taken to maintain the highest ethical standards in both interviewing and administering the questionnaires. All information will be strictly confidential. Please place your completed questionnaires in the appropriate small envelopes provided and seal them. Place all of the envelopes and the permission form in the large envelope provided and return this to the school for pickup Friday, May 11th. If you have questions about any aspect of the program evaluation, please feel free to call me at 492-4913 or 973-7048. The final report on this research is expected to be complete in August, 1990.

You, as teens and parents, are the only people who can provide the information that is needed. Your time and effort is very much appreciated. It will help to improve COOL and other programs like it. Ultimately, this will benefit parents and teens everywhere as they face the challenges of growing up together.

Thank you very much for your cooperation.

Yours sincerely,

The COOL Program Evaluation Project

Permission to Participate

Every year, thousands of sexuality education programs are conducted in Alberta. Surprisingly, you could count all of the ones that have ever been evaluated on one hand. Meanwhile, it has become very important that teens manage their relationships wisely and make responsible decisions in regard to sexuality. By participating in this study, you will be providing much needed information which can be used to improve this, and other sexuality education programs.

The highest ethical standard will be maintained and all information received will be confidential. In the case of interviews, the researcher will approach the participant for final clearance of sensitive information. Any recordings or transcripts of the interviews will be destroyed as soon as the report has been completed.

Having read and understood the above information, I hereby agree to participate in the following sections of the project:

Questionnaire for parent ______________________
signature of parent

Questionnaire for teen ______________________ ______________________
signature of parent signature of teen

Family Interview ______________________ ______________________
signature of parent signature of parent

Telephone number(s) ____

Please return this form in the large envelope with the questionnaires on Friday, May 11th.

Thank You!

The COOL Program Evaluation Project

Results of Questionnaire for Parents of Teen Participants

% (number of responses) rounding may cause some total percentages to be other than 100%

1. How are you related to the teen (who attended the workshop)?

40 (15)	1. father
60 (23)	2. mother
0	3. other

2. What is your teen's gender?

47 (18)	1. male
53 (20)	2. female

3. What portions of the teen program did your teen attend?

8 (3)	1. Only the first day of the workshop in December
53 (20)	2. Both days of the workshop in December
37 (14)	3. Both days of the workshop in December plus the follow-up meeting in February
0	4. Other
3 (1)	no answer

4. Teens and parents from 3 communities came together for the program. Did this affect the program?

53 (20)	1. Yes, in a positive way
0	2. Yes, in a negative way
16 (6)	3. No
32 (12)	4. Don't know

5. Teens of different ages came together for this program. Did this affect the program?

58 (22)	1. Yes, in a positive way
3 (1)	2. Yes, in a negative way
16 (6)	3. No
24 (9)	4. Don't know

6. The workshops (in December) were held on Friday and Saturday evening for parents and on Saturday and Sunday for teens. What arrangements should be made next time?

71 (27)	1. Keep it the same way
5 (2)	2. Hold it on two Friday evenings for adults and two Saturdays for teens
18 (7)	3. Have both teen and adults from the same family come at the same time (but receive the program in separate rooms).
5 (2)	no answer

7. In your view, how important is it to have both the teen and the parents attend the workshops?

47 (18)	1. essential	**NO PROBLEM**
26 (10)	2. quite important	
24 (9)	3. a good idea	1 + 2 + 3 >70%
0	4. does not matter	5%
3 (1)	no answer	

8. In your opinion, what fee would families in your community be willing to pay for the workshop?

8 (3)	1. none		**RECOMMEND FEE**
10 (4)	2. $5		
40 (15)	3. $10		
32 (12)	4. $20		
8 (3)	no answer		
3 (1)	5. other - "fair fee - subsidy"		

9. How would you describe your relationship with your teen ***before*** *the workshop?*

18 (7)	1. excellent		
40 (15)	2. very good	M = 2.4	
34 (13)	3. good		
3 (1)	4. fair		
5 (2)	5. poor		
0	6. very poor		

10. How would you describe your relationship with your teen ***after*** *the workshop?*

18 (7)	1. excellent	1 + 2 + 3 > 50%	
63 (24)	2. very good	M = 2.0	**SUCCESS**
18 (7)	3. good		
0	4. fair		
0	5. poor		
0	6. very poor		

11. If there was an improvement, what was it that made the difference? (Circle any that apply)

45 (17)	1. tried a technique learned at the workshop	50	**SUCCESS**
45 (17)	2. my attitude changed	30*	
34 (13)	3. teen's attitude changed	30	
8 (4)	4. other greater knowledge or awareness		
10 (4)	5. don't know	25	

12. Could you talk with your teen about sexuality ***before*** *the workshop?*

37 (14)	1. yes - could talk freely about any aspect		
24 (9)	2. yes - could talk freely about most aspects	M = 2	NOTE: HIGH BASELINE
37 (14)	3. somewhat uncomfortable but could still talk		
0	4. uncomfortable to the point that we could not talk		
3 (1)	no answer		

13. Can you talk with your teen about sexuality ***now****?*

47 (18)	1. yes - could talk freely about any aspect		
40 (15)	2. yes - could talk freely about most aspects	M = 1.6	**SUCCESS**
8 (3)	3. somewhat uncomfortable but could still talk		
3 (1)	4. uncomfortable to the point that we can not talk		
3 (1)	no answer		

14. What portion of the change (if any) is due to the workshop?

18 (7)	1. 0 or no change		**NO SUCCESS (STANDARD?)**
34 (13)	2. 25%	M = 2.4 OR 35%	
18 (7)	3. 50%	STANDARD = 80%	
16 (6)	4. 75%		
3 (1)	5. 100%		
10 (4)	no answer		

15. What use have you made of the handout materials from the workshop? (Choose the best one)

5 (2) 1. none at all
24 (9) 2. glanced through them quickly **POSITIVE**
42 (16) 3. read portions in detail
13 (5) 4. referred to them on several occasions
5 (2) 5. used them with teens **POSSIBLE CONCERN FOR LOW USAGE HERE ?**
3 (1) 6. other _shared with friends

16. What effect did the workshop have on your view of postponing sexual intercourse (for teens)?

40 (15) 1. made postponing seem much more important
16 (6) 2. made postponing seem a little more important 1 + 2 = 80%
34 (13) 3. no difference
3 (1) 4. made postponing seem less important
5. other **NOT TO STANDARD (MAY HAVE ALREADY BEEN HIGH)**

17. What does the concept of teens "postponing sexual intercourse" mean to you?

STANDARD = 90% NOTION OF COMMITMENT

Until marriage ? ? ? ?

- Years ago some people waited until they were married. Nowadays teens are in a hurry to experience sexual feelings etc.. Now with AIDS teens will have to or should postpone sex until they are married. Postponing sexual intercourse means that teens should not do it to be safe.
- don't have sexual intercourse until you are married.
- not engaging in sexual activity until marriage
- means no sex before marriage. I may be hiding my head in the sand, but that's what it means to me.
- wait until mature enough to accept the consequences of their actions, preferably till after marriage.
- that they do not have sex until they are married.
- no sex is the only safe sex.

Take responsibility for consequences

- postponing sex until they can take full responsibility for their choices and their actions and are personally ready with no influences from others.
- time for a better education, more meaningful relationship, be a teenager and young adult - until both are mentally and physically able to accept the possible consequences.
- waiting until the teens are emotionally, physically and socially ready for the consequences.
- means that teens do not partake in this kind of activity until they have matured emotionally to be able to evaluate all aspects in regard to intercourse and its consequences
- until the individual really knows his/her partner well and is self reliant and ready to take responsibility and can deal with the consequences of his/her actions.
- there is a COOL way to meet our sexual needs - e.g., abstinences through other measures described and discussed in the workshop and therefore postpone sexual intercourse when one is responsible enough to accept the consequences emotionally socially and health wise.

Until "ready"

- not having intercourse until you are ready.
- not bowing to peer pressure but being physically, mentally and practically ready.

Mature

- that a teen would be sure, responsible, in love, and mature before having sex. You cannot put and age limit on this. Everyone matures at a different rate and everyone is ready at a different time. It has to be right for them.
- gives them a chance to grow up and be mature enough to handle intercourse. Be able to know themselves first. Less chance of contracting disease.

Some idea of responsibility
- better communication and developing of responsibilities are likely results, which are important in a relationship. Both are likely to happen if sexual intercourse is postponed.
- there is a lot of responsibility that goes along with the pleasure and fun.
- teens should wait until they are responsible enough to handle a sexual relationship
- it means it should make a difference in choosing their careers or achieving their goals as to what they may want to do for the rest of their life.

- much later
- it means a lot more peace of mind knowing that my daughter will be able to enjoy her teen years with her friends and not worry about disease and pregnancy.

- It means postponing until older or some people perceived postponing to mean until you have the right birth control.
- waiting until the time and right person finds it essential. I think it should be a semi-planned stage in our lives.

- gives teens options and reduces pressures
- showing more restraint.

18. What kind of relationship do you think *your teen* *will have with someone before he/she has intercourse with that person?*

3 (1)	1. in love	10	
13 (5)	2. in love and going steady	10	
21 (8)	3. feeling right about intercourse	30	
40 (15)	4. until he/she can cope with the possible consequences	50	
13 (5)	5. until marriage	50%	SURPRISINGLY LOW EXPECTATION
5 (2)	6. other in love, going steady and feeling right about it.		
5 (2)	no answer		

19. In your view, is the "postponing sexual intercourse" message affected by giving the "No condom, no sex" message at the same meeting?

16 (6)	1. yes, it was weakened	< 15%	SOME CONCERN
34 (13)	2. yes, it was strengthened		
8 (3)	3. no, it was not affected		
42 (16)	4. not sure	< 50%	

20. Once teens and parents have gone through this workshop, what kind of further training or support do you feel would be most important to achieve the goals of the program (e.g., to enable teens to continue to postpone sexual intercourse)?

16 (6)	1. trained people in the community who are available to call on
5 (2)	2. better handout materials
24 (9)	3. parent or teen support groups meeting informally
45 (17)	4. another shorter program for parents and teens (perhaps several months later)
3 (1)	5. other extend program to community
8 (3)	no answer

21. Have you had a parent/teen talk about sexuality since the workshop?

74 (28)	1. yes	75%	SUCCESS
21 (8)	2. no	NOTE HIGH BASELINE AND TEEN #16 (50%)	

22a. If no, why not? (Circle only the most important reason)

3 (1)	1. not comfortable
3 (1)	2. no time
8 (3)	3. not required
3 (1)	4. teen was not interested
0	5. I was not interested
0	6. other
84 (32)	no answer

22b. If yes, how did it go? (open ended)

5 (2)	extremely positive	* MUCH MORE POSITIVE THAN TEEN AS EXPECTED
18 (7)	very positive	
24 (9)	positive	
3 (1)	neutral	
50 (19)	no answer	

What did you discuss? (open ended)

45 (17)	no answer	
21 (8)	relationships	NOTE TEEN RESPONSES FOR 17C.
16 (6)	responsibilities	
13 (5)	moral values	
8 (3) each	intercourse / T.V.	
5 (2) each	dating / diseases / feelings and emotions / condoms	
3 (1) each	peer pressure / "normal things"	

23. What part(s) of the parent program did you attend?

18 (7)	1. did not attend any part
8 (3)	2. the first evening of the workshop in December only
3 (1)	3. the second evening of the workshop in December only
37 (14)	4. both of the evenings of the workshop in December only
26 (10)	5. Both evenings of the workshop in December plus the follow-up meeting in February.
5 (2)	follow-up only

24. What stopped you from attending one or more of the parent meetings? (Circle any important reasons)

18 (7)	1. working	
5 (2)	2. looking after children at home	
0	3. not interested	
34 (13)	4. unable to change other plans	
0	5. travel to Bon Accord was inconvenient	* NOTE: NOT A PROBLEM
3 (1)	6. the program did not agree with my views	
3 (1)	7. already familiar with the information	
10 (4)	did not know about follow-up	
3 (1)	out of town	

25. What would have helped more parents to attend the whole workshop and the follow-up evening?

13 (5)	1. more personal contact	COMMUNICATION RECOMMEND
10 (4)	2. more contact through teen	
29 (11)	3. more information about the program	
24 (9)	4. clearer idea about goals and purposes	
8 (3)	5. child care	
8 (3)	give more notice	
3 (1)	choose a less busy time	

26. How did the values taught by the program compare with your own? **SOME CONCERN**

16 (6)	1. more liberal than I was comfortable with	< 25%
34 (13)	2. more liberal, but ok	
0	3. the same	* NONE HERE?!
40 (15)	4. more conservative but ok	
3 (1)	5. more conservative than I was comfortable with	< 25%
8 (3)	no answer	

27. Did the workshop help you to communicate your values to your teen? **SUCCESS**
1 + 2 > 50%

40 (15)	1. yes
45 (17)	2. somewhat
5 (2)	3. no help
5 (2)	4. workshop caused problems
5 (2)	no answer

28. In your opinion, how many of the parents who need help in this area would attend this program?

0	1. none
50 (19)	2. only a few
29 (11)	3. many
10 (4)	4. most of them
10 (4)	no answer

29. Rate the program for effectiveness in supporting the following long range goals:
(10% no answer) **MEAN STANDARD = 4**
SUCCESS (SEE A & C)

	very weak	weak	moderate	strong	very strong	MEAN
A. developing the concept of sexuality education as a lifelong process	1	2 3%	3 32%	4 34%	5 21%	3.8*
B. developing responsible decision making skills	1	2	3 13%	4 45%	5 32%	4.2
C. motivating and enabling teens to postpone sexual intercourse	1	2 3%	3 26%	4 42%	5 18%	3.8*
D. increasing the respect that teens have for themselves and others	1	2	3 21%	4 37%	5 32%	4.1
E. dispelling myths and misinformation	1	2	3 8%	4 53%	5 29%	4.2

If you attended at least one of the workshop sessions please continue with question #30.
If you did not attend the workshop sessions at all, please go to question #36.(Note: % change)

30. Did the program turn out to be what you expected from the information you received?

0	1. exactly as expected	**NO PROBLEM**
23 (6)	2. some surprises but nothing important	
8 (2)	3. some surprises that made a difference in a negative way	< 25%
69 (18)	4. some surprises that made a difference in a positive way	

31. About what percentage of the information presented in the workshop did you know already?

0	1. 0% - everything was new	**NO PROBLEM**
4 (1)	2. 25%	
25 (7)	3. 50%	
64 (18)	4. 75%	MEAN = 3.75 (ABOUT 70%)
7 (2)	5. 100%	

33. What, if any, of the information from the workshop have you used?

60 (23)	1. communication	50	**SUCCESS**
8 (3)	2. use of contraceptives		
40 (15)	3. relationships	50	
5 (2)	4. anatomy		
3 (1)	5. other - love triangle diagram		
0	6. nothing	5	

34. Which, if any, of the following skills taught at the workshop have you used?

26 (10)	1. assertiveness skills	50	**MIXED SUCCESS**
18 (7)	2. role playing	5	**NOT A PROBLEM**
68 (26)	3. listening skills	50	
8 (3)	4. understanding music	30	
0	5. other(s)		
0	6. have not used any of the skills		

35. Were there times when you felt that the *leaders'* *disclosure about personal matters was* *not* *appropriate?*

3 (1)	1. yes, many times	< 10	SOME CONCERN
21 (6)	2. yes, a few times	< 30	BUT DOES NOT EXCEED STANDARD
62 (18)	3. no		
14 (4)	4. not sure	< 75	

36. Which is the best way to run this program?

58 (22)	1. outside of school by leaders from outside of school (assuming trained personnel)
10 (4)	2. during school by teachers
13 (5)	3. during school by leaders from outside of school
5 (2)	either #1 or #3
3 (1)	at home
3 (1)	less emphasis on contraception and more on postponing

37. Consider the situation of two 14 year olds having intercourse and using condoms. Are they acting in a *responsible* *way?*

7 (2)	yes or possibly yes	< 5-10%	SEE TEEN Q #23
29 (11)	no, but at least are using condoms		
47 (18)	no		
16 (6)	don't know		
Why yes or partly yes?			
18 (7)	trying to prevent pregnancy		
Why no?			
16 (6)	unable to cope with consequences		
13 (5)	unable to make that decision		
10 (4)	don't know the impact		
32 (12)	too young		
3 (1)	not a mature relationship		
3 (1)	should only be in marriage context		

38. Please give any other comments that would help to make this program more appropriate or effective.

Make it open to all teens and parents (3).
Give more time for discussion (2).
Emphasize abstinence more than condoms (2).
Keep reinforcing how to deal with pressure.
Encourage parents to express and give reasons behind less liberal views.
More information on AIDS
Hold regularly (monthly) throughout the year.

39. How could the messages of this program (postponing sexual intercourse, respect for self and others, responsible decision making, etc.) be brought to those who would not likely attend it?

Use T.V. and Videos (8)
Through peers and peer support (8)
Through the school (3)
Through the mail (2)
By personal call (2)
Through guest speakers (3)
Posters and advertising / pamphlets in medical clinics / Through the church programs

The COOL Evaluation Project

Results of Questionnaire for Teens

1. What grade are you in?

24 (7)	1. 8
52 (15)	2. 9
24 (7)	3. 10

2. What is your gender?

48 (14)	1. male
52 (15)	2. female

3. Which one of these communities do you live in?

48 (14)	1.
28 (8)	2.
24 (7)	3.

4. What portions of the teen program of COOL did you attend?

10 (3)	1. only the first day of the workshop in December
62 (18)	2. both days of the workshop in December
28 (8)	3. both days of the workshop in December plus the follow-up meeting in February.

5. Which, if any, of the following skills taught at the workshop have you used?(Circle as many as apply)

83 (24)	1. assertiveness skills	50	**SUCCESS**
52 (15)	2. role playing	10	
66 (19)	3. listening skills	50	
59 (17)	4. understanding music	50	
10 (3)	5. other - discussions with parents		
3 (1)	6. have not used any of the skills		

6. What, if any, of the information from the workshop have you used? (Circle as many as apply)

93 (27)	1. communication	50	**SUCCESS**
14 (4)	2. use of contraceptives	10	
66 (19)	3. relationships	25	
14 (4)	4. anatomy	90*	
3 (1)	5. other - "That it was OK to say No."		
3 (1)	6. nothing was useful		

7. What use have you made of the handout materials from the workshop? (Choose the best one)

3 (1)	1. none at all	<25	**SOME SUCCESS**
24 (7)	2. glanced through them quickly	50	
38 (11)	3. read portions in detail		
21 (6)	4. referred to them on several occasions		
3 (1)	5. used them with parents	10-15*	
5 (2)	6. other - Used with friends, used with teacher		

8. Did the workshop make any difference in any of the following areas?

GENERAL SUCCESS - SEE E, F AND H

	No difference	Small difference	Big difference	MEAN
A. relationship with friends of same sex	24%	66%	10%	1.8
B. relationship with friends of opposite sex	21%	41%	38%	2.2
C. attitude toward opposite sex	21%	45%	34%	2.1
D. attitude toward parents	34%	48%	17%	1.8
E. self - esteem (feelings about yourself)	10%	48%	41%	2.3*
F. choosing the music you listen to	55%	38%	7%	1.5*
G. ability to talk to parents	31%	45%	24%	2
H. your level of sexual involvement	58%	31%	10%	1.5*

9. Please describe the most important differences.

38% (11) no answer
28% (8) better communication with parents and/or peers
14% (4) attitude of respect for others
10% (3) improved self-esteem
7% (2) perception of opposite sex
3% (1) personal understanding and thought
3% (1) feeling in control of body

10. How would you describe your relationship with your parents? (frequency of response)
[The "does not apply" category was removed because no one responded as such.] **SUCCESS**

	excellent	very good	good	fair	poor	very poor	hopeless	MEAN
A. Male parent before workshop	5	6	11	3	2	1	1	2.9
B. Male parent after workshop	5	13	6	2	2	1		2.5 (38% +)
C. Female parent before workshop	7	7	12	3				2.4
D. Female parent after workshop	9	13	5	1	1			2.0 (28% +)

11. If there was an improvement, what was it that made the difference? **SOME SUCCESS**

14 (4) 1. tried a technique learned at the workshop (e.g., listening skill) 50*
38 (11) 2. my attitude changed 30
7 (2) 3. parent's attitude changed 15
3 (1) 4. other -both attitudes changed
14 (4) 5. don't know

12. Could you talk with at least one of your parents about sexuality before the workshop?

28 (8) 1. yes - could talk freely about any aspect M=2.4
17 (5) 2. yes - could talk freely about most aspects
45 (13) 3. somewhat uncomfortable but could still talk
10 (3) 4. uncomfortable to the point that we could not talk

13. Can you talk with at least one of your parents about sexuality now? **SUCCESS**

38 (11) 1. yes - could talk freely about any aspect M=1.9
41 (12) 2. yes - could talk freely about most aspects 1 + 2 > 50%
17 (5) 3. somewhat uncomfortable but could still talk
3 (1) 4. no - uncomfortable to the point that we could not talk

14. If you are unable to talk to your parents, is there anyone else you could talk to about sexuality concerns?

10 (3)	1. no one
52 (15)	2. a teen friend
7 (2)	3. an adult friend
0	4. a teacher
25 (7)	5. other - teacher, brother, sister, 2/3/4, counsellor

15. Has the workshop helped you to feel more comfortable talking about sexuality with your parents? **SUCCESS**

28 (8)	1. yes - much more comfortable	
41 (12)	2. yes - somewhat more comfortable	1 - 2 >50%
21 (6)	3. no change	
0	4. less comfortable	
10 (3)	5. don't know	

16. Have you had a parent/teen talk about sexuality since the workshop? **SUCCESS**

48 (14)	1. yes	50
52 (15)	2. no	

17a. If no, why not?

0	1. not comfortable	
10 (3)	2. no time	
41 (12)	3. not required	ACCEPTABLE
0	4. parent was not interested	
0	5. I was not interested	
48 (14)	no answer	

17b. If yes, how did it go?

0	extremely positive	RATED SOMEWHAT LOWER THAN PARENTS
0	very positive	AS WOULD BE EXPECTED
14 (4)	positive	
10 (3)	neutral	
3 (1)	negative	

and what did you discuss?

boy/girl friends (6), dating (3), setting limits, contraceptives, communication, rape, right time for sex.

18. What effect did the workshop have on your motivation to postpone sexual intercourse?

SOME SUCCESS (DEPENDS ON INITIAL LEVEL)

52 (15)	1. made postponing seem much more important	
17 (5)	2. made postponing seem a little more important	1 - 2 > 75%
21 (6)	3. no difference	
0	4. made postponing seem less important	
3 (1)	5. other - made me think	
7 (2)	no answer	

19. In your view, was the "postponing sexual intercourse" message affected by giving the "No condom, no sex" message at the same meeting? **SOME CONCERN**

14 (4)	1. yes, it was weakened	< 15%
52 (15)	2. yes, it was strengthened	
3 (1)	3. no, it was not affected	
24 (7)	4. not sure	< 15-20%

20. Do you feel as though you are *able* *to postpone sexual intercourse now (handle situations better)?*

		SUCCESS
79 (30)	1. yes	75%
3 (1)	2. no	
14 (4)	3. not sure	
3 (1)	no answer	

21. What kind of relationship do you think *your parents* *want you to have with someone before you have intercourse with that person? (Choose the best one)*

0	1. in love	10
3 (1)	2. in love and going steady	10
7 (2)	3. feeling right about intercourse	30
41 (12)	4. married	75
28 (8)	5. able to cope with the possible consequences	40
21 (6)	6. other - solid relationship and cope with consequences (4), going steady and feeling right.	

22. What kind of relationship do *you* *want to have with someone before you have intercourse with him/her?*

10 (3)	1. in love	10
14 (4)	2. in love and going steady	10
14 (4)	3. feeling right about intercourse	15
24 (7)	4. married	60
31 (9)	5. able to cope with the possible consequences	50
3 (1)	#2 and#3 plus good communication	
3 (1)	#1 and #3	

23. Consider the situation of two 14 year olds having intercourse and using condoms. Are they acting in a responsible way?

		CONCERN
45 (13)	yes or most likely yes	< 10%
28 (8)	somewhat responsible because of condoms	
17 (5)	no	
10 (3)	no answer	

Yes or most likely yes

- Yes. Even though they are a little young for intercourse, they have thought out together the consequences.
- If they both feel comfortable about it and have talked about it thoroughly, then yes.
- If they are able to handle it emotionally and socially then I guess they are OK and acting responsibly.
- Yes. They are reducing the chance of STD's.
- If they are in love want to take the consequences, I don't see why not.
- Yes. They know the risks and are using condoms.
- They are if they are mature and responsible for their actions - if they are doing it for the right reasons.
- It depends why they are having intercourse. If they feel it is right and they mean something to each other then it is right. How can you say it is wrong?
- Yes. It was their decision and if they can accept the responsibility and are mature enough for it why not?
- Yes. They are using a condom at least.
- Yes because they are using the best protection.
- Yes, but it depends if they are ready and able to take the consequences and talk about the consequences with parents.
- Yes. they are using a condom.

Why no or questionable?
21 (6) not able to cope with consequences
21 (6) too young
10 (3) do not know impact

24. How did the values taught by the program compare with your own? **NO PROBLEM**
0 1. more liberal than I was comfortable with < 15
28 (8) 2. more liberal, but ok
59 (17) 3. the same
10 (3) 4. more conservative but ok
3 (1) 5. more conservative than I was comfortable with < 15

25. Were there times when you felt that the leaders' disclosure about personal matters was not appropriate?
0 1. yes, many times < 15 **NOT A PROBLEM FOR TEENS**
7 (2) 2. yes, a few times
72 (21) 3. no
21 (6) 4. not sure

26. Did the workshop help you to communicate your values to other teens? **SUCCESS**
59 (17) 1. yes > 50
35 (10) 2. somewhat
7 (2) 3. no help
0 4. workshop caused problems < 5

27. How effective was the program in the following areas:

	very weak	weak	moderate	strong	very strong	STAN 4.5
A. developing the concept of sexuality education as a life-long process			21%	59%	21%	4.0
B. developing responsible decision making skills			17%	35%	48%	4.3
C. motivating and enabling you to postpone sexual intercourse			34%	28%	38%	4.1
D. increasing the respect that teens have for themselves and others			17%	52%	31%	4.1
E. getting rid of myths and misinformation			14%	45%	41%	4.3
F. helping you to be more clear about your values			17%	48%	35%	4.2

28. If you view sexual involvement differently now because of the workshop please describe how. **No answer 55% (16)**
take sex more seriously (5), can say 'no", both partners are responsible, learned how others' views differ, you should go with your feelings, I think more, realized you don't need it.

29. Once teens and parents have gone through these workshop, what further support would be needed to achieve the goals of the program (e.g., to enable teens to continue to postpone sexual intercourse)?
38 (11) 1. trained people in the community who are available to call on
3 (1) 2. better handout materials
14 (4) 3. parent or teen support groups meeting informally
52 (15) 4. another shorter program for parents and teens (perhaps several months later)
0 5. other ______________________________
10 (3) 6. none required
7 (2) no answer

30. In your view, how important is it that parents attend their workshops? **NO PROBLEM**

24 (7)	1. essential	1 - 2 - 3 >75%
41 (12)	2. quite important	
24 (7)	3. a good idea	
3 (1)	4. does not matter	
7 (2)	no answer	

31. Which parts of the parents' program did your parents attend?

24 (7)	1. did not attend any part
14 (4)	2. only the first evening of the workshop in December
0	3. only the second evening of the workshop in December
31 (9)	4. both days of the workshop in December
17 (5)	5. both days of the workshop in December plus the follow-up meeting in February.

If you chose "5" go to #33. If you chose "1, 2, 3 or 4" continue with #32.

32. Why were they not able to come to each of the meetings?

21 (6)	1. working
0	2. looking after children at home
0	3. not interested
21 (6)	4. unable to change other plans
0	5. travel to Bon Accord was inconvenient
0	6. the program did not agree with their views
3 (1)	7. already familiar with the information
3 (1)	parent didn't know about it

33. What would have helped more parents to attend the meetings?

35 (10)	1. more personal contact
3 (1)	2. more contact through teen
28 (8)	3. more information about the program
7 (2)	4. clearer idea about goals and purposes
0	5. child care
10 (3)	6. holding workshops in our home community
7 (2)	better time for working parents.

34. Did the program turn out to be what you expected from the information you received?

7 (2)	1. exactly as expected	**NO PROBLEM**
21 (6)	2. some surprises but nothing important	
3 (1)	3. some surprises that made a difference in a negative way	< 15
62 (18)	4. some surprises that made a difference in a positive way	> 50
3 (1)	no answer	

35. The workshops (in December) were held on Friday and Saturday evening for parents and on Saturday and Sunday for teens? What arrangements should be made next time?

59 (17)	1. Keep it the same way
14 (4)	2. Hold it on two Friday evenings for adults and two Saturdays for teens.
14 (4)	3. Have both teen and adults from the same family come at the same time (but to separate rooms)
7 (2)	Other - make it a sleep over, don't have it on Sunday (people go to church)
3 (1)	no answer

36. Teens and parents from 3 communities came together for the program. Did this affect the program?

62 (18)	1. Yes, in a positive way.
0	2. Yes, in a negative way.
35 (10)	3. No.
3 (1)	no answer

37. Teens of different ages came together for this program. Did this affect the program?

52 (15)	1. Yes, in a positive way.
7 (2)	2. Yes, in a negative way.
38 (11)	3. No.
3 (1)	no answer

38. Which is the best way to run this program?

69 (20)	1. outside of school by leaders from outside of school
0	2. during school by teachers
17 (5)	3. during school by leaders from outside of school
7 (2)	4. other
7 (2)	no answer

39. In your opinion, how many of the teens who need help would attend this program?

0	1. none
45 (13)	2. only a few
41 (12)	3. many
10 (3)	4. most of them
3 (1)	no answer

40. How could the messages of this program be brought to those who would not likely attend the workshops?

35 (10)	peers and peer support
10 (3)	school
10 (3)	posters and advertising
7 (2)	speakers
7 (2)	mail
3 (1)	T.V.
34 (10)	no answer

41. About what percentage of the information presented in the workshop did you know already?

0	1. 0% - everything was new	
21 (6)	2. 25%	
45 (13)	3. 50%	STANDARD = 3 ACTUAL = 3 **NO PROBLEM**
28 (8)	4. 75%	
3 (1)	5. 100%	
3 (1)	no answer	

42. Which of the following have been the major sources of information about sexuality for you?

48 (14)	1. parents
10 (3)	2. brothers or sisters
41 (12)	3. friends
62 (18)	4. school
17 (5)	5. books or magazines
17 (5)	6. television, videos or music
3 (1)	7. nurses or doctors

43. *Which one of the following would you prefer to be your major source of information about sexuality in the future?*

52 (15)	1. parents	> 50%	**SUCCESS ?**
10 (3)	2. brothers or sisters		
7 (2)	3. friends	< 15%	
31 (9)	4. school		
0	5. books or magazines		
3 (1)	6. television, videos or music		
24 (7)	7. nurses or doctors		

• *Please give any other comments that would help to make the COOL program more appropriate and effective.*

More time for discussion (2) Separate junior high from senior high (2) More details on AIDS Keep siblings apart

APPENDIX 2

Pre-Post Questionnaire for Teens

Participant #______

KNOWLEDGE, ATTITUDE, AND BEHAVIOUR QUESTIONNAIRE (Worksheet 2)

We are trying to find out if this program is successful. You can help us by completing this questionnaire.

To keep your answers confidential and private, do NOT put your name anywhere on this questionnaire. Please use a regular pen or pencil so that all questionnaires will look about the same and no one will know which one is yours.

Because this study is important, your answers are also important. Please answer each question carefully.

Thank you for your help.

Date: ______________ Community: ______________

Facilitator's Names: ______________
____
____
____

Home Room Teacher: ______________

Your ~~Sex~~ gender (check one): Male: ______ Female ______

Date of Birth: Day ______ Month ______ Year ______

Your Grade in School: ______

Part 1 - Knowledge

1. People who have sexual intercourse can best prevent getting a sexually transmitted disease (VD or STD) by using:
   A. condoms (rubbers)
   B. contraceptive foam
   C. the pill
   D. withdrawal (pulling out)

2. If a couple has sexual intercourse and uses no birth control, the woman might get pregnant:
   A. any time during the month
   B. only 1 week before menstruation begins
   C. only during menstruation
   D. only 1 week after menstruation begins
   E. only 2 weeks after menstruation begins

3. The method of birth control which is least effective is:
   A. a condom with foam
   B. the diaphragm with spermicidal jelly
   C. withdrawal
   D. the pill
   E. abstinence (not having intercourse)

4. If a woman has sexual intercourse she is most likely to get pregnant
   A. at the time of ovulation
   B. during menstruation (period)
   C. one week after ovulation
   D. two weeks after ovulation

5. Teenagers who choose to have sexual intercourse may possibly
   A. have to deal with a pregnancy
   B. get a sexually transmitted disease
   C. get a "bad" reputation
   D. have to make a decision regarding birth control
   E. all of the above

6. Teenagers who choose to have sexual intercourse may feel:
   A. guilty
   B. closeness
   C. fear
   D. caring
   E. all of the above

7. Teenagers become more interested in sexual activities because:
   A. their sex hormones are changing
   B. the media (T.V., movies, magazines, records, videos) popularize sex
   C. some of their friends have sex and expect them to have sex also
   D. all of the above

8. To use a condom the correct way, a person must:
   - A. leave some space at the tip for the guy's fluid
   - B. use a new one every time sexual intercourse occurs
   - C. hold it on the penis while pulling out of the vagina
   - D. all of the above

9. Most teenagers:
   - A. have crushes or infatuations that last a short time
   - B. feel shy or awkward when first dating
   - C. feel jealous sometimes
   - D. worry a lot about their looks
   - E. all of the above

10. If two people want to have a close relationship, it is important that they:
    - A. trust each other and are honest and open with each other
    - B. date other people
    - C. always think of the other person first
    - D. always think of their own needs first

11. Advertisers and media use sex to:
    - A. sell products
    - B. motivate us to buy things
    - C. attract our interest
    - D. all of the above

12. An example of an effective response to this often used line "You would if you loved me" would be:
    - A. "Well, o.k."
    - B. "Yes, I really do love you very much."
    - C. "Don't give me that"
    - D. "Maybe, but I feel there's more to love than just having sex."
    - E. All of the above

13. A possible unexpected result of sexual intercourse is:
    - A. sexually transmitted diseases
    - B. changes in one's relationships with parents and friends
    - C. unplanned pregnancy
    - D. changes in future educational or career plans
    - E. all of the above

14. It is possible for a woman to become pregnant:
    - A. the first time she has sexual intercourse
    - B. if she has sexual intercourse during her menstrual period
    - C. if she has sexual intercourse standing up
    - D. if sperm get near the opening of the vagina, even though the man's penis does not enter her body
    - E. all of the above

PART 2 - ATTITUDES AND VALUES

This part is NOT a knowledge test. We are interested in what you personally believe about some important issues. Please answer each statement according to whether you agree or disagree with it. Circle the number that corresponds to your beliefs.

I believe:		Agree	Disagree	Unsure
1.	Unmarried people should not have sex	1	2	3
2.	I have my own set of rules to guide my sexual behaviour (sex life)	1	2	3
3.	Birth control is not very important	1	2	3
4.	People should never take "NO" for an answer when they want to have sex	1	2	3
5.	People should have sex before marriage	1	2	3
6.	I know for sure what is right and wrong sexually for me	1	2	3
7.	Birth control is not as important as some people say	1	2	3
8.	It is alright to pressure someone into sexual activity	1	2	3
9.	I have trouble knowing what my values are about my personal sexual behaviour	1	2	3
10.	More people should be aware of the importance of birth control	1	2	3
11.	People should have sex only if they are married	1	2	3
12.	I'm confused about my personal sexual values and beliefs	1	2	3
13.	It is alright to demand sex from a girl/boyfriend	1	2	3
14.	Two people having sex should use some form of birth control if they aren't ready for a child	1	2	3
15.	It is all right for two people to have sex before marriage if they are in love	1	2	3
16.	I'm confused about what I should and should not do sexually	1	2	3
17.	If two people have sex and aren't ready to have a baby, it is very important they use birth control	1	2	3
18.	It is all right for two people to have sex before marriage.	1	2	3

PART 3 - BEHAVIOR

The following 2 sections ask you some personal questions about your social life and your sexual involvement. Some questions may not apply to you. Please do not conclude from these questions that you should have had all of the experiences these questions ask about.

Section 1:

In this section we want to know how comfortable or uncomfortable you would feel about doing different things. Being "comfortable" means that it is easly for you and you feel okay about it. Being "uncomfortable" means that it is difficult for you and you feel nervous and uptight.

For each of the following statements circle the number that describes how you would feel in each situation.

COMFORTABLE	UNCOMFORTABLE	UNSURE
1	2	3

HOW COMFORTABLE WOULD YOU FEEL ABOUT:

1. Spending time with members of the opposite sex close to your own age	1	2	3
2. Having a conversation with members of the opposite close to your own age	1	2	3
3. Talking with your friends (same sex) about sex	1	2	3
4. Talking with your friends (same sex) about contraceptives (birth control)	1	2	3
5. Talking with your boy/girlfriend about sex	1	2	3
6. Talking with your boy/girlfriend about contraceptives (birth control)	1	2	3
7. Talking with your parents about sex	1	2	3
8. Talking with your parents about contraceptives (birth control)	1	2	3

9. How comfortable would you be doing the following activities with a member of the opposite sex? (PLEASE ANSWER FOR EACH ACTIVITY).

A.	Giving friendly looks and smiles	1	2	3
B.	Holding hands	1	2	3
C.	Hugging and kissing	1	2	3
D.	Exploring above the waist	1	2	3
E.	Exploring below the waist	1	2	3
F.	Having sexual intercourse	1	2	3
10.	Disagreeing with your friends about an important issue	1	2	3
11.	Being pressured to go farther in a sexual relationship than you would like to	1	2	3
12.	Saying "no" to sexual intercourse if you didn't want to do it.	1	2	3
13.	Using contraceptives (birth control) if you were having sexual intercourse	1	2	3
14.	Buying contraceptives (birth control) at a drug store if you were having sexual intercourse	1	2	3
15.	Going to a doctor or clinic for contraceptives (birth control) if you were having sexual intercourse	1	2	3

Section 2:

In this section we want to know how often you do certain things.

ONCE A WEEK OR MORE	2-3 TIMES A MONTH	ONCE EVERY 2-3 MONTHS	EVERY 6 MONTHS	ONCE A YEAR	NEVER
1	2	3	4	5	6

HOW OFTEN DO YOU:

1. Spend time with members of the opposite sex close to your age	1	2	3	4	5	6
2. Have a conversation with members of the opposite sex close to your own age	1	2	3	4	5	6
3. Talk with your friends (same sex) about sex	1	2	3	4	5	6
4. Talk with your friends (same sex) about contraceptives (birth control)	1	2	3	4	5	6
5. Talk with your parents about sex	1	2	3	4	5	6
6. Talk with your parents about contraceptives (birth control)	1	2	3	4	5	6
7. Disagree with your friends about an important issue	1	2	3	4	5	6

ANSWER THE NEXT THREE QUESTIONS ONLY IF YOU ARE IN A DATING RELATIONSHIP.

9. Talk with your boy/girlfriend about sex	1	2	3	4	5	6
10. Talk with your boy/girlfriend about contraceptives (birth control)	1	2	3	4	5	6
11. Go farther in a sexual relationship than you would like to	1	2	3	4	5	6

ANSWER THE NEXT QUESTION ONLY IF YOU HAVE HAD OR ARE HAVING SEXUAL INTERCOURSE.

12. Use contraceptives (birth control) if you are having sexual intercourse	1	2	3	4	5	6

PART 4 - DECISION MAKING

PART A

The questions below ask how often you do some things. Circle the number that corresponds to the best answer:

1 - **ALWAYS** - Whenever the situation occurs, I respond consistently
2 - **SOMETIMES**
3 - **NEVER**
4 - **DNA** - Does not apply

1. When you have to make a decision about your sexual behavior (holding hands, kissing, petting, or having sex), how often do you think hard about the consequences of each possible alternative? 1 2 3 4

2. When you have to make a decision about your sexual behavior, how often do you first discuss it with other people? 1 2 3 4

3. When you have to make a decision about your sexual behavior, how often do you make it on the spot without thinking about the consequences? 1 2 3 4

4. If a boy/girl puts pressure on you to be involved sexually and you don't want to be involved, how often do you stop him/her? 1 2 3 4

5. If you have sexual intercourse with your boy/girlfriend, how often can you talk with him/her about using contraception (birth control)? 1 2 3 4

PART B

The questions below ask how important you think some things are. Circle the number that corresponds to the best answer:

1 - **VERY IMPORTANT**
2 - **IMPORTANT**
3 - **OF SOME IMPORTANCE**
4 - **OF LITTLE OR NO IMPORTANCE**

1. When you have to make a decision about your sexual behavior (hold hands, kissing, petting, or having sex), how important is it for you to think hard about the consequences of each alternative? 1 2 3 4

2. When you have to make a decision about your sexual behavior, how important is it for you to first get as much information as you can? 1 2 3 4

3. When you have to make a decision about your sexual behavior, how important is it for you to first discuss it with other people? 1 2 3 4

4. When you have to make a decision about your sexual behavior, how important is it for you to take your time and think about the consequences? 1 2 3 4

5. If a boy/girl puts pressure on you to be involved sexually and you don't want to be involved, how important is it for you to stop him/her? 1 2 3 4

6. If you have sexual intercourse with your boy/girlfriend, how important is it for you to talk with him/her about using contraception (birth control)? 1 2 3 4

PART 5 - SEXUAL ACTIVITY

Circle the correct answer to the following three questions.

1 - YES
2 - NO

1. Have you ever had sexual intercourse? 1 2

2. Have you had sexual intercourse during the last month? 1 2

3. If you have had sexual intercourse, did you use contraception (birth control)? 1 2

Part 6 - EXPERIENCES

These are a few questions about your own experiences discussing sexuality related things with your parents.

PLEASE FOLLOW THE DIRECTIONS GIVEN FOR EACH QUESTION.

1. Who do you believe should be the primary sexuality educators of children? **(PLEASE CHECK ONE ANSWER)**

_____ 1. SCHOOL
_____ 2. PARENTS
_____ 3. CHURCH
_____ 4. MEDICAL PERSONS (i.e. doctor, nurse, etc.)
_____ 4. PEERS
_____ 5. BROTHERS and/or SISTERS

2. Who usually starts any sexuality discussions you may have with your parents? **(PLEASE CHECK ONE ANSWER)**

_____ 1. YOU
_____ 2. YOUR MOTHER
_____ 3. YOUR FATHER
_____ 4. BOTH YOU AND YOUR MOTHER EQUALLY
_____ 5. BOTH YOU AND YOUR FATHER EQUALLY
_____ 6. BOTH YOUR MOTHER AND FATHER EQUALLY
_____ 7. WE HAVE NOT HAD SEXUALITY DISCUSSIONS

3. How frequently do you discuss things related to sexuality with your parents? **(PLEASE CHECK ONE ANSWER)**

_____ 1. ONCE A WEEK
_____ 2. 2-3 TIMES A MONTH
_____ 3. ONCE EVERY 2-3 MONTHS
_____ 4. EVERY 6 MONTHS
_____ 5. ONCE A YEAR
_____ 6. HAVEN'T HAD A SEXUALITY RELATED DISCUSSION WITH MY PARENTS YET.

4. How many of the following topics have your parents discussed with you? **(PLEASE PLACE A CHECK BESIDE EACH TOPIC YOUR PARENTS HAVE DISCUSSED WITH YOU. LEAVE THE BLANK EMPTY IF THEY HAVE NOT DISCUSSED A TOPIC WITH YOU YET.)**

_____ 1. Physical and emotional changes that accompany puberty.
_____ 2. Menstruation.
_____ 3. Most likely time in the menstrual cycle for pregnancy.
_____ 4. The biological aspects of human reproduction.
_____ 5. Masturbation.
_____ 6. Wet dreams.
_____ 7. Sexual feelings and attraction.
_____ 8. Dating, love and relationships.
_____ 9. Sexual intercourse.
_____ 10. When it is right or wrong to have sex.
_____ 11. Contraceptive methods (birth control) and how well they work.
_____ 12. Handling peer pressure.
_____ 13. How to make decisions regarding sexual issues.
_____ 14. How to say no when a teenager does not want to have sex.
_____ 15. Sexually transmitted diseases (V.D.) and their prevention.
_____ 16. Understanding personal values.

5. How comfortable do you feel about discussing the following sexuality topics with your parents? (**FOR EACH TOPIC. PLEASE CIRCLE THE NUMBER WHICH DESCRIBES HOW COMFORTABLE YOU FEEL)**

VERY COMFORTABLE 1 **COMFORTABLE** 2 **UNCOMFORTABLE** 3 **VERY UNCOMFORTABLE** 4

1.	Physical and emotional changes that accompany puberty.	1	2	3	4
2.	Menstruation	1	2	3	4
3.	Most likely time in the menstrual cycle for pregnancy.	1	2	3	4
4.	The biological aspects of human reproduction.	1	2	3	4
5.	Masturbation.	1	2	3	4
6.	Wet dreams.	1	2	3	4
7.	Sexual feelings and attraction.	1	2	3	4
8.	Dating, love and relationships.	1	2	3	4
9.	Sexual intercourse.	1	2	3	4
10.	When it is right or wrong to have sex.	1	2	3	4
11.	Contraceptive methods (birth control) and how well they work.	1	2	3	4
12.	Handling peer pressure.	1	2	3	4
13.	How to make decisions regarding sexual issues.	1	2	3	4
14.	How to say no when a teenager does not want to have sex.	1	2	3	4
15.	Sexually transmitted diseases (V.D.) and their prevention.	1	2	3	4
16.	Understanding personal values.	1	2	3	4

APPENDIX 3

Interview Guides for Participants, Non-participant Parents, Teachers and Religious Leaders

APPENDIX 3. Interview Guide

Questions for teens (parent equivalent is in brackets)

1. What, in your opinion, were the major messages that the program communicated?

2. What, if anything, did the program do for you in your situation?

3. Have you noticed any difference in your relationship with your parents (teen) as a result of the workshop?
   With your peers? Same sex/ opposite sex

4. Has there been a difference in the way you communicate with your parents (teen) about sexuality?
   Have you talked about sexuality since the workshop?
   How did it go and what did you discuss?

5. Have you noticed any difference in how you view yourself / self-image / self-esteem?
   Has your personal view of sexuality changed as a result of the workshop?
   If so, how?

6. How did you feel about being told how important it was to postpone sexual intercourse and then learning all about condoms?
   Did it seem as though you were being told two opposite messages? Why or why not?
   How safe are condoms?

7. How did what you learned from this workshop compare to what you learned about sexuality from other sources? (Parents? Peers? Music? Television? School? Church?)
   Where would you rather receive information from and why?

8. a) What do you think are the major reasons why teens become sexually involved?
      What might lead to it?
   b) What else, if anything would it take to help you and other teens (your teens and other teens) to postpone sexual intercourse? Achieve other objectives of the program?

9. How will you know when you are "ready?" What level of commitment?

9. What, to you, were the most important strengths and weaknesses of the program?

10. What, if any, changes should be made?

Interview guide for "Coffee Party" with non-participant parents

1. Brief introduction to the session.

2. What have you heard about the COOL program? Do you know any of the participants?

3. Have you noted any changes that you would associate with the program being held in this community?

4. Is sexuality education of concern in this community? Why or why not? From whose perspective?

5. Different people see teen intercourse in different ways. As a health issue, a moral issue, a lifestyle issue. How do you see it?

6. How important is it to involve parents in sexuality education? To educate parents? What approach should be taken?

7. Did the COOL program meet a need? What kind(s) specifically?

8. What about those parents and teens who wouldn't come out to a community program?

9. What role should the school play in sexuality education? What role should community agencies and organizations play?

Interview guide for Teachers

1. Brief introduction. "What have you heard and how much did you know about the COOL program?"

2. How much would you have liked to know?

3. Does such a program in the community affect teachers' responsibilities?

4. Did you perceive any effects from the workshop in those who attended?

5. Do you think it would be a good idea for the school to adopt the COOL program? Or is it better handled by community individuals?

6. If so, what should be changed? Eliminated? Emphasized?

7. What kinds of assistance would be required?

Interview guide for Religious Leaders

1. What did you know about the COOL program?

2. How did you learn about it? What impressions did you get from the contacts you had (either through the mail, by phone or at the meeting for religious leaders)?

3. Have you noted any effects from the program?

4. Is there a need for sexuality education for parents and/or teens in your congregation? The community? What specific needs do you see?

5. What kinds of approaches are you taking, or have you taken, with regard to sexuality education? Do you offer any support to parents?

6. Do you seed yourself and/or your congregation taking part in community approaches to sexuality education, like COOL, in the future? If so, how?

APPENDIX 4

Agenda for the meeting at which the researcher made an oral presentation of findings to stakeholders

The COOL Program Evaluation Project

Oral Presentation of Preliminary Findings

Bon Accord Town Office
Monday June 25th, 1990. (2:30 p.m.)

1. **Review of the agenda**
2. **Data Sources**
3. **Context of the Analysis**
4. **Results**
    - a) **Strengths**
    - b) **Concerns**
    - c) **Equivocal Results**
    - d) **"No Problem" Results**
    - e) **Others**
    - f) **Questions?**
5. **Implications and Recommendations**
    - a) **Presentation**
    - b) **Discussion and Input**

Adjourn between 4:00 - 4:30 p.m.

APPENDIX 5

Agendas for Teen and Parent Workshops

Parent Evening #1

a. Welcome and introductions (15)

b. "Feeling Star" exercise (10)

c. Explanation of group contract (5)

d. Small Group Discussion Task (10)

e. "What Were You Taught?" (35)

f. Values clarification lecture (10)

g. Addressing value questions (30)

h. Listening Exercise (15)

i. Overview of Teen Day #1 (50)

- Feeling Star exercise
- Group Contract
- Expectations
- Pre-test
- Defining Sex and Sexuality
- Sexual Involvement Among Teens
- Analogies
- Media Messages
- Personal Moments
- A Discussion of Good and Bad Peer Influences
- First Things First
- Intimacy Funnel
- Famous lines and role play

j. Evaluation of the evening

Parent Evening #2

a. Report on the teens' reactions, expectations, concerns (10)

b. Small group brainstorming on communication blocks and facilitators (10)

c. Large group discussion on communicating with teens (40)

d. Video on examples of assertiveness in pressure situations (20)

e. Brief lecture on factors contributing to delaying pregnancy (10)

f. Overview of Day #2 of Teen Workshop (45)

- Assertiveness Techniques
- Role Plays
- What do guys and girls think?
- Male anatomy and physiology
- Female anatomy and physiology
- Contraceptives
- Condom demonstration and practice

g. Closure (15)

h. Evaluation (10)

Teen Day #1

a. Welcome and Introductions (25)

b. "Feeling Star" exercise (10)

c. Group Contract (10)

d. Expectations (30)

e. Pre-test (20)

f. Defining sex and sexuality (20)

f. Sexual Involvement Among Teens (20)

j. Analogies (15)

k. Social Pressures (15)

l. Personal Moments (25)

m. Peer Influences (50)

r. The Physical Intimacy Funnel (20)

s. Famous Lines and Role Plays (45)

Teen Day #2

a. Welcome and Review (10)

b. Assertiveness Techniques (40)

c. Role Plays (20)

d. 'What do guys / girls think? (45)

e. Male anatomy and physiology (40)

f. Female anatomy and physiology (40)

g. Contraceptives (50)

i. Condom demonstration and practice (15)

j. Personal moments presentations (30)

k. Review (10)

l. Workshop Evaluations (15)

APPENDIX 6

Program and Evaluation Timeline

APPENDIX 6. PROGRAM AND EVALUATION TIMELINE

This timeline includes program components that were observed as well as other activities undertaken to complete this research.

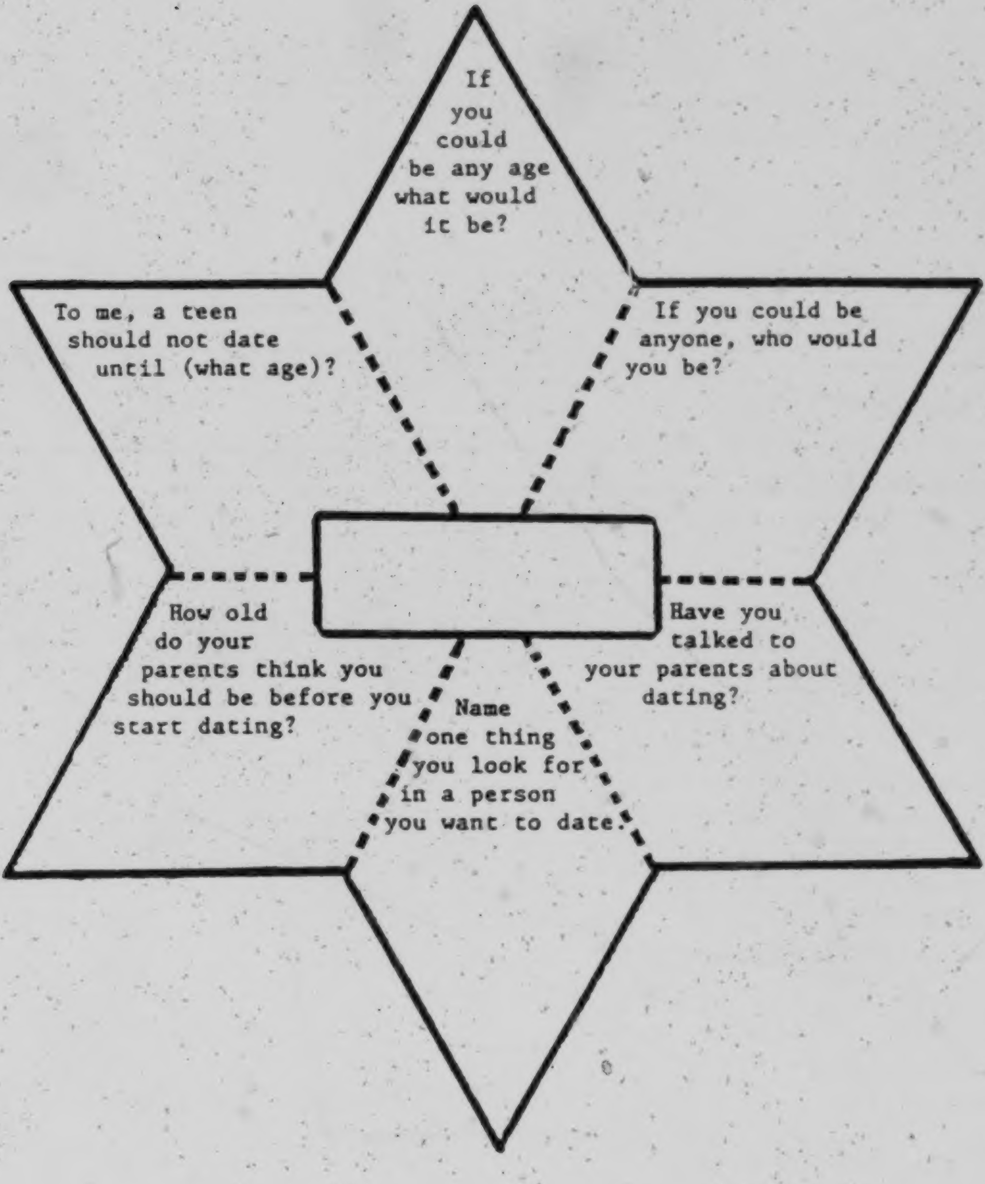
September/89	Participant /observation at Community Information meeting
October/89	Participant/observation at Planning Committee meeting Identification and contact of key players
November/89	Participant in telephone campaign to contact parents
December 2-4	Participant/observation at COOL workshop (with parents)
February/90	Participant/observation at Impact Study Identification and contact of other stakeholders
March/90	Stakeholder interviews - program designer / facilitator - health unit representative - community coordinator - school administrators - parents - teens Analysis of stakeholder interviews and development of research design
April/90	Stakeholders and "expert" groups check draft teen and parent questionnaires Parents and teens pilot questionnaires and interview Final questionnaire packages produced
May/90	Distribution of questionnaires at schools Questionnaire data entered and analyzed Documents revisited Interview guides finalized Interviews with participants Follow-up with participants
June/90	Participant observation at teen workshop (in neighboring community) Interviews with religious leaders Interviews with teachers Coffee Party with parents Interview transcription data analysis and interpretation Preparation for presentation of data
June 25	Data synthesis presented to stakeholders
July-Aug/90	Preparation of final report and thesis

APPENDIX 7

Workshop Activity Illustrations

"FEELING STAR" -

Teen Manual (p. 9)



If you could be any age what would it be?

To me, a teen should not date until (what age)?

If you could be anyone, who would you be?

How old do your parents think you should be before you start dating?

Have you talked to your parents about dating?

Name one thing you look for in a person you want to date.

GROUP CONTRACT

Teen Manual (p. 11)

1. Confidentiality (no talking about participants comments outside the group).

2. Respect Others (no "put downs', only "put-ups" - very important!!)

3. O.K. to pass (talk when you're ready). ✓

4. Participate, share, ask questions freely.

5. Use "I" statements (I feel.../I think...).

6. Listen when someone else is talking.

7. Use the word "partner". (Don't make assumptions about sexual orientation).

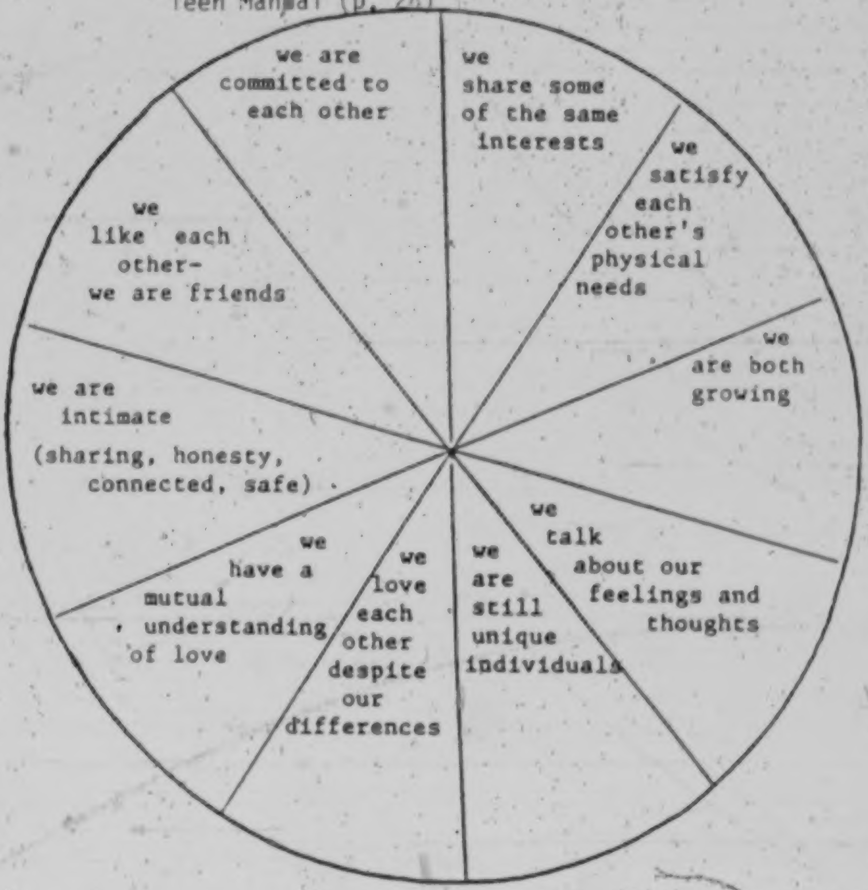
8. Do not make assumptions about participants experiences. (We are sexual beings throughout our lifetime).

9. Do not judge. (It is important that you accept the attitudes, feelings and beliefs of others even though they may differ from yours).

10. O.K. to laugh and Have fun!!!

RELATIONSHIP WHEEL

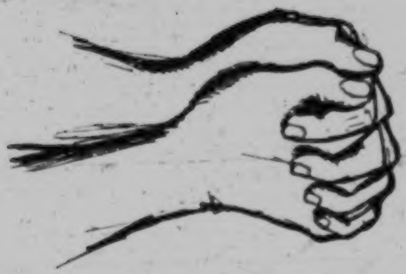
Teen Manual (p. 24)


we are committed to each other
we share some of the same interests
we satisfy each other's physical needs
we are both growing
we talk about our feelings and thoughts
we are still unique individuals
we love each other despite our differences
we have a mutual understanding of love
we are intimate (sharing, honesty, connected, safe)
we like each other- we are friends

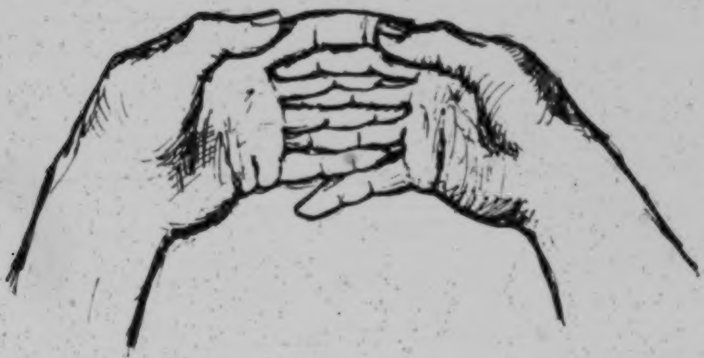
Each of the 10 components can make us feel really good and each has a positive effect on the overall relationship.

Sex is a small part of the "We are intimate" and "We satisfy each other's physical needs" components.

Sex is only a very small part of the overall relationship. You can see it takes much more to develop a relationship in which you feel worthy, important and high in self-esteem.



Position 1: A closed relationship



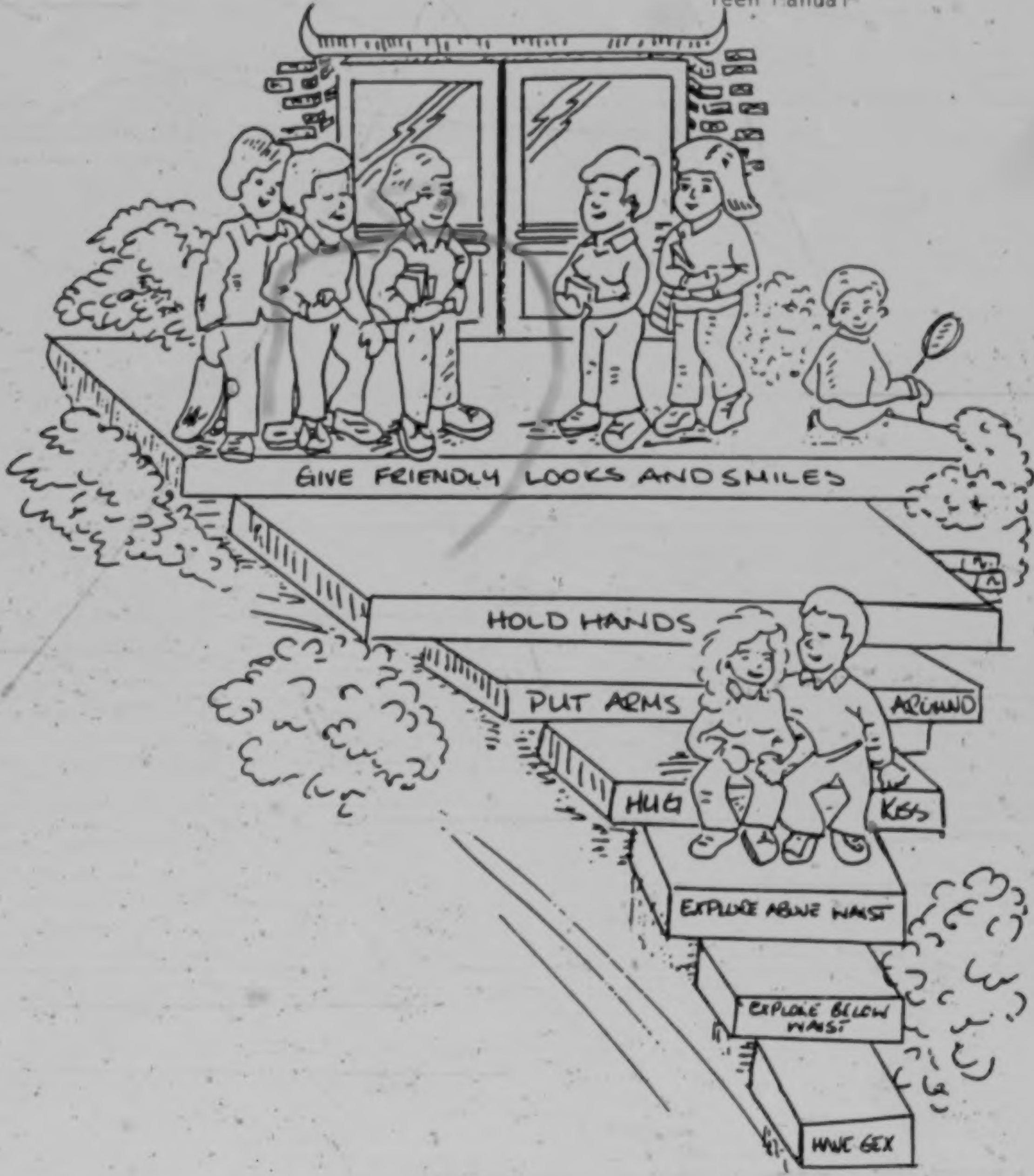
Position 2: An open relationship

EXAMPLES OF "FAMOUS LINES" - Worksheet 5

Teen Manual (p. 50)

1. Everybody's doing it.
2. If you love me, you'll have sex with me.
3. If you won't have sex with me, I don't want to see you anymore.
4. I know you want to do it, you're afraid of what people will say.
5. It's just part of growing up.
6. I want to marry you someday.
7. We had sex once before, so what's the problem now?
8. You don't want people to think you're not a man (woman).
9. Don't you want to try it to see what it's like?
10. But I have to have it!
11. If you want to be popular with the kids at school ... you'll do it.
12. If you get pregnant, I'll marry you.
13. You want it as much as I do.
14. You've gotten me all excited.
15. If you love me, prove it.
16. Hey, let's find out about the "fireworks" they're always talking about on T.V. and in the movies.
17. Come on, take a drink. It will get you in the mood.
18. If you don't someone else will.
19. A lot of your friends are doing it. You're just not with it.
20. You don't want to be the last virgin in school, do you?
21. Don't you know that guys need it?

SHOWING FEELINGS IN PHYSICAL WAYS - Worksheet 2


GIVE FRIENDLY LOOKS AND SMILES
HOLD HANDS
PUT ARMS AROUND
HUG
KISS
EXPLORE ABOVE WAIST
EXPLORE BELOW WAIST
HAVE SEX

EXPRESSING PHYSICAL AFFECTION - Worksheet 3

Teen Manual

There are many levels of relationships from friendship to marriage. There are also many ways of expressing physical affection ranging from casual touching to intercourse. In this exercise we want you to consider what forms of physical affection are acceptable for you on each level of relationships. You may want to do this with a close friend, you parents boy or girl friend.

DIRECTIONS: Listed below are nine expressions of physical affection. Beside each one, check the level of relationship in which it is acceptable to express your feelings in that way.

	Acquaintance	Good Friend		Date	Steady	Engaged	Married
		Same Sex	Opposite Sex				
1. Kind words and gestures.							
2. A fond touch							
3. Holding hands							
4. Arm around waist/shoulder							
5. Hugging							
6. Kissing							
7. Caressing above waist							
8. Caressing below the waist							
9. Intercourse							

Questions to consider:

1. Was it difficult for you to determine acceptable standards for each level?

2. Do you abide by those standards? Do they match your values?

3. Is there a difference for you depending on the sex of the person involved? Is there a difference depending on how you feel about yourself at the time?

4. Are these standards you want to live by? Are you comfortable with them? If no, what will you do to change that?

VITA

A native Albertan, I was born in Edmonton in 1955 and lived my early life in the village of Gibbons. My elementary and junior high school years were completed in Gibbons but I attended M. E. LaZerte Composite High School in the Edmonton Public system. I went on to study at the University of Alberta and graduated with a Bachelor of Science degree in Agriculture in 1978. I worked for three years in the field of Agricultural Extension in Lethbridge, Airdrie and Barrhead, specializing in extension with youth and in developing volunteer leadership. It was during that time that I married my wife Mary.

In 1981, I returned to take studies leading to a Professional Diploma in Education with majors in secondary Science and Social Studies. After completing that program in 1982, I secured a teaching position in Legal School, where I remained until 1988. Most of my time and energies were devoted to students at the Grade 6 level, but I also taught a variety of subjects in Grades 4 to 12. During my years at Legal, I became involved in several provincial curriculum design and/or writing projects. These experiences served as a bridge to my work as Curriculum Developer and Program Manager with the Curriculum Design Branch of Alberta Education from 1988 to 1990. In the fall of 1989, I began full time study at the University of Alberta, in the Master's Degree program in the Department of Educational Administration.

In between, Mary and I have enjoyed working together on many challenging and exciting projects. These include raising two beautiful children, building two houses, writing curriculum projects and working with sexuality education for teens and parents. We continue to enjoy many outdoor pursuits including farming, canoeing, hiking, skiing and bicycling and we are active in our church and various volunteer organizations.